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VETERANS ORGANIZATIONS' PRIORITIES FOR THE 111TH CONGRESS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

JANUARY 28, 2009

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JANUARY 28, 2009

SENATORS

WITNESSES

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VETERANS ORGANIZATIONS' PRIORITIES FOR THE 111TH CONGRESS

WEDNESDAY, JANUARY 28, 2009

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:33 a.m., in room 418, Russell Senate Office Building, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senators Akaka, Tester, Begich, Burris, Sanders, Burr, and Johanns.

OPENING STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN, U.S. SENATOR FROM HAWAII

Chairman AKAKA. Good morning. This hearing will come to order.

Before we begin today's hearing, I extend my warmest welcome and aloha to the three new Members of the Committee: Senator Mark Begich of Alaska, Senator Roland Burris of Illinois, and Senator Mike Johanns of Nebraska. I want to welcome you to this Committee and to tell you that we have a great year ahead of us. We have much to do and we will do it together.

The addition of these new members has caused a temporary shift on the dais, as you can see. Until we can work out some space issues, I regret any inconvenience this causes to all Members, but you will see the adjustments as we move here to accommodate all the Members that we have now.

Another housekeeping item, given additional Membership, is the revision of both the Committee rules and the Committee budget. The Committee's Ranking Member, Senator Burr, and I intend to seek additional space and funds to bolster the ongoing oversight work which is so critical. Members will receive these documents shortly, and afterwards I will be polling regarding your support.

For the information of all, the Committee will promptly hold nomination hearings on advice and consent position, so Secretary Shinseki can have his team in place as quickly as possible. It is my hope that the nomination for Deputy Secretary will be made very soon, and, immediately following that, I will schedule a hearing in consultation with Senator Burr. Other nominations will be bundled to make maximum use of the Committee's time.

Now to the immediate business at hand, today's hearing offers a valuable opportunity for us to collect the priorities of the veterans groups and craft our legislative and oversight agenda for this session, which is why we have you all here this early. In the coming

months, all of the veterans service organizations will have more formal legislative presentations, but I believe we should hear key priorities now. I am also looking for interplay between the organizations to focus on what can and should be done in the short term, and what can wait for later in the session.

We must, in this time of war, equip VA with the resources to carry its missions now and into the future. I have said this time and time again: veterans' benefits and services are a cost of war and must be understood and funded as such.

Many of our views are in agreement, and I believe that together we have established a good track record relating to VA. VA health care is, in many respects, the best in the Nation. I am proud that our collective work has contributed to the improvements in quality and access.

Now, we must keep the momentum going. We must work to achieve President Obama's goal of integrating more Priority 8 veterans back into the VA health care system while ensuring that enough resources are available to maintain the quality of care.

As someone who knows firsthand the impact on education funded through the GI Bill can have, we must make certain that the recent improvements to this vitally important benefit are being effectively implemented.

Timely and accurate adjudication of disability claims remains an issue.

I expect that benefits reform, including a hard look at the current appellate process, the role of IT and reaching consensus on elements of compensation, will claim much of this Committee's attention this Congress.

There are some major legislative initiatives remaining from the previous session that I hope will be enacted this session. The Committee's bipartisan health and personnel improvements bill, which I just reintroduced as S. 252, is important to this Nation's veterans and to the thousands who work in VA hospitals and clinics throughout this Country. Some of you worked to include vital provisions in that bill such as enhancements to women's health care and, for that, I am very grateful.

In the near future, I will also introduce a modified version of S. 1315, an omnibus benefits bill, which passed the Senate last Congress. S. 1315 included benefits for both young and old veterans, including numerous modifications to VA's insurance programs and benefits for Filipinos who served under U.S. command during World War II.

I look forward to the statements of the witnesses and to working with each of the organizations in the 111th Congress.

And I am glad, again, to be serving with my Ranking Member, and I now call on him for his statement.

Senator Burr.

STATEMENT OF HON. RICHARD BURR, RANKING MEMBER, U.S. SENATOR FROM NORTH CAROLINA

Senator BURR. Thank you, Mr. Chairman. Aloha.

Chairman AKAKA. Aloha.

Senator BURR. Let me thank you for calling this hearing and assembling these witnesses who I look forward to hearing from.

Let me congratulate the new faces, two on your side, one on our side.

One thing that I think you will find very quickly is that this Committee is unlike others in the U.S. Senate. Care for our veterans and their loved ones is not a partisan issue. If I could borrow a sentiment from our former colleague who is now our Commander-in-Chief, the men and women who wear the uniform, the Nation's uniform, do not come from a collection of red and blue States but from the United States.

And I think that is 100 percent accurate. They expect us to leave politics aside when we act on their behalf, and I am committed to work with the Chairman and all the Committee Members toward that end.

Again, I welcome those new members.

This morning, we will listen to the views of some of the leading veterans service organizations on what their top priorities are for the 111th Congress. I often hear from VSOs from North Carolina who provide me with a local perspective of some of the challenges confronting our Nation's veterans. The organizations with us this morning provide a voice to millions of veterans nationwide. Collectively, they are a valuable resource upon which we may draw as we develop any legislative and oversight agenda.

I am anxious to hear your testimony, to work with you and other important organizations like AMVETS and Gold Star Wives on behalf of veterans and their survivors.

Looking through the testimony this morning, I found there are some common themes from all of you:

First, funding of the VA health care system is a top priority on everyone's list. Let me say from the onset that I am in full agreement with the goals of providing VA a timely, predictable, and sufficient budget. I look forward to exploring ways we can accomplish these goals with our witnesses here today. In my view, funding for the VA health care system should never be a political issue.

Second, fixing the disability system and the disability claims system is another common theme. Mr. Atizado of the DAV calls the system "complex and burdensome." Mr. Blake with PVA states that the process is done in "an expensive and antiquated manner." Complex, burdensome, expensive, antiquated—these are not flattering adjectives to describe a system that is designed to help veterans with injuries resulting from service. This is nothing new, and I hope all of us here today can get behind innovative approaches to fixing the system.

Finally, Mr. Chairman, another theme is ensuring adequate mental health treatment for veterans who need help with PTSD and TBI. Clearly, building capacity is part of the effort, and the VA is in the midst of hiring additional mental health professionals, but we need to make sure we focus on getting veterans into VA for effective treatment early.

Secretary Shinseki stated he believes PTSD is treatable and that early treatment is key. I agree, and I think every person here understands that. It is time we develop a strategy to implement the Veterans' Disability Commission's recommendations of ensuring that veterans with mental health problems receive that necessary treatment soon after that veteran is diagnosed.

Mr. Chairman, I stand ready with you and this Committee to address these priorities on behalf of Nation's veterans and their loved ones. Our approaches to solving some of these problems may differ, but our goal is in fact the same.

I thank the Chair.

Chairman AKAKA. Thank you very much for your statement, Senator Burr, our Ranking Member.

Now let me call on Senator Sanders for his statement.

STATEMENT OF HON. BERNARD SANDERS,
U.S. SENATOR FROM VERMONT

Senator SANDERS. Thank you very much, Mr. Chairman. I will be brief.

I believe that over the years we have made some substantial progress in the VA in general—VA health care in particular.

I believe that in the last 2 years, under Chairman Akaka's leadership, we have made some very, very significant changes. We just passed last year, as you know, the most significant changes in GI education that we have had since World War II, which will impact hundreds of thousands of soldiers who have served in Iraq and Afghanistan and their families. We have provided record-breaking VA health care budgets. We have increased mileage reimbursement rates. We have begun the effort to bring back the Priority 8s who were thrown out of the health care system some years ago.

So we are making some progress, Mr. Chairman. I think we should be proud of what we have accomplished.

And one of the reasons—one of the reasons—I believe that we have made progress is that there is now a very positive relationship between the VSOs—the veterans services organizations—who are on the ground, who bring to us the concerns that they are hearing from veterans, and us. And I think we have worked very closely with the veterans organizations, and it is absolutely imperative that we continue to do so.

Just a few weeks ago, I had a meeting with about 25 veterans of my Veterans Advisory Committee in Vermont; and the goal of that is to hear from the ground what people are experiencing when they go into the clinics, when they go into the hospitals, what about the claims.

So, we are making progress, but obviously we have a long way to go. And I think there is a general consensus—you mentioned it; Senator Burr mentioned it. There is a general consensus on some of the problems that remain and where we have to go.

Advanced appropriations. It is hard to run one of the largest health care systems in the country, where you have tens of thousands of employees, if you do not have a sense of what you are anticipating next year. It's very difficult to do.

We need to continue, in my view, to bring Priority 8s back on a gradual basis into the system.

We need to clearly, as you have heard, reform the claims system. In this day and age, with all of the computer technology that we have, it is not clear to me why it would take so long for veterans to get their claims processed.

I think we have to move forward to an automatic enrollment in VA for members of the Guard and Reserve.

Here is an issue that we raised in Vermont, Mr. Chairman. I hope we can discuss it here, and I hope some of our friends will comment on it. In my State, there is not a whole lot of flexibility in terms of the hours in which veterans can get into clinics and get into the hospital. You know, many people work 9 to 5. Should there be evening hours? Should we be more flexible in making sure that our clinics and CBOCs are available to veterans?

I think we want to move forward in making our VA facilities a leader in green buildings and energy efficiency.

We want to make sure we can have the best services available in the world in the VA, but unless veterans know about those services they are not going to be able to access them. So we have to do a better job in performing outreach.

We do not want to forget—while we focus on PTSD and TBI from Iraq—we do not want to forget about Gulf War Syndrome from the war in 1991. We have still have tens of thousands of soldiers who are suffering from that.

So, the bottom line is: we are making progress. We have a long way to go. We will not be successful unless we work with the veterans organizations and unless they are giving us the best information possible about what is happening on the ground.

We get stuck here in Washington a little bit. Your job is to tell us what you are hearing from people who are experiencing the VA in all of its dimensions.

Mr. Chairman, thank you very much.

Chairman AKAKA. Thank you very much, Senator Sanders, for your statement.

And now I call on Senator Johanns for his opening statement.

Senator Johanns.

STATEMENT OF HON. MIKE JOHANNS,
U.S. SENATOR FROM NEBRASKA

Senator JOHANNS. Chairman Akaka and Ranking Member Burr, thank you very much for the opportunity to say a few words. My opening statement will be very brief because this is my first meeting, and it is the first opportunity I have had to be in a hearing setting with this Committee assignment.

I want to say first of all, though, that it is an honor to be on this Committee. It is an honor to serve with this group and think about the needs of our veterans and how we meet those needs.

I also want to say thank you for calling this hearing together. As I looked through the list of witnesses and the statements, it gives me an opportunity as a new member to learn from you as to what the needs are out there and what I need to be paying attention to in order to be a valuable Committee member.

It reminds me a bit of something I did when I was Governor of Nebraska. I would bring veterans groups into the Governor's Office on a regular basis, and we would just go around the table, and I would listen to them as to what their veterans needed, what they were facing out there. It just helped me in terms of developing an agenda as Governor.

I see this hearing as that same sort of opportunity: an opportunity for me to listen; to think about the priorities as you identify

them; and then to work with you, Mr. Chairman and Ranking Member, to meet those needs.

Thank you very much.

Chairman AKAKA. Thank you very much for your statement, Senator Johanns.

Let me call on Senator Tester for his opening statement.

STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Mr. Chairman. I too want to thank you and the Ranking Member for calling this hearing, and I look forward to working with both of you as we move forward on veterans' issues in this Committee.

I also want to welcome the new Members to the Committee. This is a good Committee. It should be very interesting. It has been a very rewarding one for me in the last Congress, and hopefully it will be equally rewarding in this 111th.

I also want to thank the members that are here to testify. Your opinions are very much appreciated. We appreciate your commitment to the veterans through your individual organizations and appreciate your guidance and your sacrifice in doing that. So, thank you very, very, much.

We have over 100,000 vets in the State of Montana. That is quite high a percentage for a State of 950,000. The only State that probably has more is my fellow Senator here to my left, Senator Begich from Alaska. Veterans make up a high percentage of our population. Quite honestly, when I started this job, we went around and had hearings around the State of Montana, and I found out things that were absolutely unbelievable, and we were able to address many of them.

As Senator Sanders said earlier, we have much more work to do.

We just confirmed General Shinseki to the head of the VA. I supported that confirmation. I think he is a good man, and I think he is somebody that we all can work with.

But, we have made a lot of promises which we have to continue to work on to make sure that we live up to. State-of-the-art medical facilities throughout this country are critically important for our veterans. Making sure that we address PTSD and TBI issues that are out there, that are real, and that are not going to go away—we have to be proactive in that.

This is the first time in a decade that the VA appropriations was in place before the beginning of the fiscal year. I think that is a step in the right direction. We need to continue to work on that and make sure that the veterans of this country do not have to come back every year, hat in hand, begging for money. We need to make that budget firm and continuous.

We need to continue innovation. The Ranking Member talked about innovation in the VA. It is critically important, particularly in rural America and in Indian country. We need to upgrade the VA's IT infrastructure, so that there is better, easier access for our veterans in this country.

And we need to deal with the backlogs in disability claims. It is a big issue, and hopefully we can do something about that in this Committee this year, Mr. Chairman.

It is not going to be easy. There are many challenges still out there for our veterans. I have talked to many of you about them. But I know one thing: If we work together—both sides of the aisle come together and you folks are at the table—we will do some good work.

Thank you very much for being here.

Chairman AKAKA. Thank you very much, Senator Tester.

Again, I welcome our new member, Senator Begich from Alaska, for his opening statement.

STATEMENT OF HON. MARK BEGICH,
U.S. SENATOR FROM ALASKA

Senator BEGICH. Thank you very much. Mr. Chairman and to the Ranking Member, thank you for the opportunity to be on the Committee.

I am going to actually be very brief because I am very interested in each one of your presentations today. I have read some of the testimony that you will be presenting. I am excited to hear some of the ideas that you will have on how to improve our system.

Again, I am going to be as brief as this and say thank you very much, Mr. Chairman.

I am looking forward to your conversations, and I agree with many of the conversations that have already occurred in regards to the needs that we have within the system. It is one reason why I wanted to be on this Committee. As Senator Tester said, 11 percent of our population are veterans in my State, and that is a significant amount of our population.

I look forward to your ideas. And I will tell you that my father-in-law is a retired colonel. He has already sent me many articles out of the *DAV Magazine* to inform me of all the priorities you have and that I need to follow. So, already, you have an ally within the family.

Thank you very much, Mr. Chairman.

Chairman AKAKA. Thank you very much, Senator Begich.

Now let me call on the Senator from the State of Illinois, Senator Burris, for his opening statement.

STATEMENT OF HON. ROLAND W. BURRIS,
U.S. SENATOR FROM ILLINOIS

Senator BURRIS. Thank you very much, Mr. Chairman and Mr. Ranking Member. I hope we will not get our names mixed up with the "I-S" and no "I-S," Senator Burr.

Like my colleagues, I am very pleased to be able to be on this Committee. I am not a veteran, but I know so many in my community of Chicago. I am deeply concerned about how we have so many homeless veterans in our urban areas and what is happening with their health care. We must look at that and determine how we can assist these individuals.

I hear horror stories about what is happening to the hospitals there in Chicago (the closed-up one), and how difficult it is for veterans to get services, and how far they have to travel to get to and from those veterans hospitals.

These men and women have paid in blood and injury for our safety and our security in this great country, and we cannot neglect

them. We cannot not assist them as they try to carry out their lives and carry out their family lives. So you have an ally here too.

Unfortunately, Mr. Chairman, I am going to have to duck out because I have another committee. I have their testimony. I will certainly read it and look forward to working with you and this great Committee. Thank you.

Chairman AKAKA. Thank you very much, Senator Burris.

And now I welcome our panel of witnesses representing veterans organizations. I appreciate your being here today and look forward to your testimony.

First, I welcome Dean Stoline, Assistant Director of the National Legislative Commission for The American Legion.

I also welcome Adrian Atizado, Assistant National Legislative Director for Disabled American Veterans.

Additionally, I welcome Todd Bowers, Director of Government Affairs for Iraq and Afghanistan Veterans of America.

I welcome also Carl Blake, National Legislative Director for Paralyzed Veterans of America.

I welcome Dennis Cullinan, Director of the National Legislative Service for Veterans of Foreign Wars.

And finally, I welcome John Rowan, President of the Vietnam Veterans of America.

Thank you all for joining us today. Your full statements will be included and will appear in the record of the Committee.

Mr. Stoline, will you please begin with your statement?

STATEMENT OF DEAN STOLINE, ASSISTANT DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION

Mr. STOLINE. Thank you and aloha, Mr. Chairman, Senator Burr and Members of the Committee.

Chairman AKAKA. Aloha.

Mr. STOLINE. On behalf of The American Legion, I thank you for inviting us today to this hearing.

To the new Members of the Committee, I welcome you. The American Legion stands ready to assist you and your staff with any questions you may have, and I am here to be the spearhead for the Legion to help you.

The American Legion's current legislative portfolio is over 200 legislative items. We stand ready at any time to present oral and written testimony before the Committee on these issues. I would like to highlight from our written testimony several issues today.

The first is the new GI Bill. We would like the Committee to ensure oversight over the implementation of this for the August 1st deadline. We are concerned both that the VA probably has not hired enough employees to implement it by that date, and we also have concerns about the development of the information technology that will support that in the out years.

One item we would like to add for your consideration on GI Bill benefits is to add vocational and educational benefits equal to the GI Bill benefits for those who go to college. We think servicemembers who wish a career in other areas such as apprenticeships to plumbing and electricity or become law enforcement officers should have the same stipends and benefits that accrue to those who are going to a 4-year institution.

With regard to funding of the health care portion of the budget, The American Legion still remains desirous of mandatory funding. However, in partnership with other VSOs, we are now recommending the idea of advance appropriations. This would be a policy in which the budget would be provided to the VA 1 year in advance of the current fiscal year.

We see this as positive because the VA would be able to plan for that budget for a year, and the Congress would be able to oversee the expenditures, because the VA would have knowledge of the amount of money they have for equipment and personnel a year ahead of time.

With regard to disability compensation claims and adjudication, that is the one great challenge I think the Congress has this year. The backlog is ever growing and is outrageous, in our belief, and we do not see relief in sight at this time.

We have testified in the past on the inadequate staffing levels of the VA, the inadequate training of the VA for its adjudicators and the management pressure on the employees to make decisions that are based on quantity rather than the quality of the review of the merits of the claim.

We think that is a disservice to the veterans, and we would like you to take a look to improving both the staffing levels and the training for those employees and to have management be more concerned about a quality review at the first level of the claim rather than pass it on to the appeals level and put the veterans in the "hamster wheel" of appeals and remands and 4 or 5 years before they finally get resolution of their claim.

As for the current budget, we think it needs to be increased. We appreciate the last 2 years' increase to the budget, but part of that budget was at the expense of over a million and one-half Priority 8 veterans who could not enroll in the system. And we think that is an egregious error.

We appreciate the fact that you did give funding this last year to start re-enrollment, but the job is not done. We would like to see the job for re-enrollment of all Priority 8s completed in this fiscal year.

With regard to Traumatic Brain Injury, the GAO has acknowledged that there are clinical challenges to the VA. We support additional TBI research and funding so that they can have the diagnostic tests to properly screen these veterans.

We are concerned about access to care for our rural veterans. As the Nation becomes more urbanized, the military forces are actually having more of their members come from the rural areas of the Nation. Right now, the nationwide figures are: one-in-five veterans who receive VA health care come from the rural areas; and this ratio is going to grow, particularly because the Reserve components come mainly from the rural areas.

Consequently, The American Legion would like to see an increase in the Community-Based Outpatient Clinics, or CBOCs, particularly for veterans living in States like Nebraska, Nevada, Utah, South Dakota, Wyoming and Montana, because the veterans living in those areas face extremely long drives, a shortage of health care providers and bad weather conditions.

VA has an Office of Seamless Transition for veterans coming off the Iraq and Afghanistan wars. But we are concerned, particularly with Reserve components, that those servicemembers, as they come back from their duty, are not getting the proper training and information from VA on their rights and benefits. Consequently, we would like to see more emphasis in the VA to ensure a successful transition from military duty to civilian life.

We would like an increase in medical research and prosthetics research because the VA has a unique understanding of the wounds that occur to veterans, but VA should be paying particular attention to the issues that are already at hand for veterans in the past. That includes prostate cancer, addictive disorders, wound healing, Post Traumatic Stress Disorder and other medical problems. We also believe they should cooperate more with other agencies like DOD in their research.

With regard to the different environmental exposures that veterans have from different wars, The American Legion would like the Congress to be forcing the DOD to release more and more information about Agent Orange that was used outside of Vietnam. It is almost impossible to settle some of these Agent Orange claims and the diseases that arise from it without that information.

With regard to the Gulf War illness veterans, we would like the VA to continue research with the recommendation of the Research Advisory Committee on Gulf War Veterans. We would like VA to focus not only on the treatment but also help alleviate the suffering of those veterans.

With regard to the Atomic Veterans, The American Legion would like the dosage program rescinded because that program is not working. A lot of the results come back that say the veterans were exposed to low doses of radiation, and again it is very hard to complete a claim and adjudicate properly for the veteran.

With regard to information technology policy, while we support additional funding, we want to make sure the privacy rights of the veterans are maintained and that the information is secure.

With regards to the Filipino veterans, The American Legion has supported the Filipino Veterans Act for about 60 years. However, our issue with that is how they are paid. In our written testimony, we have given the Congress several ideas on how to properly fund the Filipino veterans without taking funds away from other veterans.

With regard to the National Cemetery Administration, we support keeping the current 75-mile service area and 170,000 veteran population, but we ask the Congress to be advised of the increased driving times in urban areas that makes it harder for some families to get to the cemeteries. That should be taken into consideration as you site future cemeteries.

The American Legion regards the number of veterans being hired in the Federal Government as too low. We think Congressional oversight over the hiring of veterans should be increased, particularly with VA and DOD, and at all levels of the government. For example, in the VA's October magazine, of the latest three veterans law judges that were appointed, none of them were veterans, and we think that is egregious since they are the ones who make the final determination within VA on our claims.

Chairman AKAKA. Will you wrap up your statement, please?

Mr. STOLINE. Yes, sir.

The last thing I would like to say is we are concerned about homeless veterans, and we would like the grants increased. We would also like some provisions made for homeless female veterans and their families.

Thank you for allowing us here today.

[The prepared statement of Mr. Stoline follows:]

PREPARED STATEMENT OF DEAN STOLINE, ASSISTANT DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION

Mr. Chairman and Members of the Committee: On behalf of The American Legion, I thank you for this opportunity to present today the legislative priorities of our 2.6 million members on issues under the jurisdiction of this Committee.

Those mandates with legislative intent create the legislative portfolio of The American Legion for the 111th Congress. National Commander David K. Rehbein presented The American Legion's proposals before the Joint Session of the Committees on Veterans' Affairs held on September 11, 2008.

Please note The American Legion's current legislative portfolio contains more than 200 legislative resolutions and we stand ready to present oral and written testimony before your Committee on these issues. I will, however, take a moment to highlight those issues we see as the most significant matters to focus upon this Congressional session taken from the Commander's testimony.

The war on terrorism—Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF)—has generated nearly one million discharged veterans, all of whom are guaranteed access to health care through the Department of Veterans Affairs (VA) for the first five years after their return home. Hundreds of thousands of OIF and OEF veterans are using their VA healthcare benefits, thus increasing the workload of a healthcare system that was overburdened before the war began.

It is a sacred and time honored obligation of The American Legion to ensure these veterans have the services they need and timely access to the care they have earned. The American Legion, working with Congress, has made considerable progress in recent years to meet that obligation. We especially thank the Congress for the increased funding for the VA healthcare system, the greater attention being paid to mental health concerns, including Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) care which have become known as the "signature wounds" of the war we fight today, and the new GI BILL which recognizes the significant sacrifices today's veterans make to ensure our Nation's safety. To all those programs, Congress responded with needed funding.

The American Legion applauds the 110th Congress for the FY 2009 funding allocations for many VA accounts that met or exceeded funding targets proposed by The American Legion. The process of providing adequate and compassionate services to our veterans is, as we all know, continuous. We must stay on top of the changes in health care, in technology, and foremost, among the veterans we serve.

We continue to work with Congress to ensure that government agencies, particularly VA, have the resources to provide quality health care, disability compensation, rehabilitation services and transitional programs to all eligible veterans. We are making progress, but we are not there yet.

For example, the outrageous backlog of VA benefits claims and appeals remains a source of continuous frustration nationwide. And while new attention has been given to mental health care for returning veterans, VA providers themselves say they cannot keep up with it all. In some communities, it is truly a crisis.

Funds have been budgeted for new VA medical facilities that have only been in blueprints far too long. VA must move into the 21st Century, addressing the needs of a new generation of war veterans with unique needs now entering the system, but at the same time honor the service of—and provide caring for—those veterans of past wars and conflicts.

With that in mind and on behalf of The American Legion, I offer the following recommendations to the Committee today.

VETERANS HEALTH CARE

The American Legion continues to have concerns about the effects of current budgets on VA's ability to deliver quality care in a timely manner. America's veterans are turning to VA for their health care needs and, as we welcome home injured veterans from the current War on Terrorism, it is forever our responsibility

as advocates to work together to ensure VA is capable of treating all eligible prior war veterans as well. We especially want the Committee to take note of the impending retirement of the Vietnam War cohort of veterans.

BUDGET REFORM

The annual discretionary appropriations in Fiscal Year (FY) 2008 and FY 2009 represented a dramatic improvement over years of consistent budgetary shortfalls, but these funding levels were achieved only through dynamic leadership in both chambers. However, even these two outstanding appropriations did not follow the normal appropriations process—one was achieved through a year-long continuing resolution with significant markups for VA medical care and the second required the President to declare a need for emergency appropriations for VA medical care.

With the influx of returning veterans from Iraq and Afghanistan, the demands for various clinical providers, nurses, medical care facilities and equipment are mounting. Assured funding is essential to proactively meet the challenges faced at VA medical facilities. The American Legion believes reform of the budget process for veterans' health care would provide timely, predictable, and sufficient appropriations for VA medical care.

For several years, The American Legion lobbied for the meaningful reform of the Federal appropriations process as recommended by the President's Task Force to Improve Health Care Delivery for our Nation's Veterans (in 2003). This Task Force clearly identified the consistent mismatch between VA health care funding and the growing demand for health care services.

The American Legion and eight other major veterans' and military service organizations joined forces to urge Congress to provide annual appropriations that are timely, predictable, and sufficient. These three components are critical for effective long- and short-range decisionmaking by VA management. The Partnership for Veterans Health Care Budget Reform supported legislation that would make VA health care funding mandatory rather than discretionary. Under this concept, VA health care funding would be formula-based, much like other mandatory programs like Medicare, Social Security, and VA disability compensation and pension benefits.

This concept was met with great resistance by lawmakers on Capitol Hill; so The American Legion and its colleagues now recommend an alternative to mandatory funding—advance appropriations. The American Legion believes this change would assure timeliness and predictability. Under advance appropriations, VA medical care discretionary appropriations would be approved prior to the start of the next fiscal year. Should The American Legion have concerns about the sufficiency of the advance appropriations, it would have an opportunity to address any shortfalls while testifying for the remainder of the VA appropriations for that fiscal year.

MEDICARE REIMBURSEMENTS TO VA

As do most American workers, veterans pay into the Medicare system, without choice, throughout their working lives, including when they are serving on active duty or serving in the reserve components of the Armed Forces. However, although veterans must pay into the Medicare system, VA is prohibited from collecting any Medicare reimbursements for the treatment of allowable, nonservice-connected medical conditions. Since over half of VA's enrolled patient population is Medicare-eligible, this prohibition constitutes a multi-billion dollar annual subsidy to the Medicare Trust Fund. The American Legion opposes the current policy on Medicare reimbursement and asks Congress to allow Medicare reimbursement for VA for the treatment of allowable, nonservice-connected medical conditions by enrolled Medicare-eligible veterans.

TRAUMATIC BRAIN INJURY (TBI)

A recent General Accountability Office (GAO) report acknowledged VA's clinical challenges in its efforts to screen OEF/OIF veterans for mild TBI and evaluating those who screen positive on the TBI screening tool. The challenges include the lack of objective diagnostic tests, such as laboratory tests or neuroimaging tests like MRI and computer tomography (CT) scans that can definitively and reliably identify mild TBI. Other challenges include the similarity of many symptoms of mild TBI to symptoms associated with other conditions, making a definitive diagnosis of mild TBI more difficult to diagnose. Many OEF/OIF veterans with mild TBI might not even realize that they have an injury and should seek health care.

Soldiers with mild Traumatic Brain Injury were more likely to report poor health, missed workdays, medical visits, and a high number of somatic and post concussive symptoms than were soldiers with other injuries. On the other hand, after adjustment for PTSD and depression, mild Traumatic Brain Injury was no longer signifi-

cantly associated with these physical health outcomes or symptoms, except for headache.

Clearly additional funding for TBI research and treatment is warranted and should be appropriately funded.

ACCESS TO CARE FOR RURAL VETERANS

Research conducted by VA indicated veterans residing in rural areas are in poorer health than their urban counterparts. It was further reported that nationwide, one in five veterans who enrolled to receive VA health care lives in rural areas. Providing quality health care in a rural setting has proven to be very challenging to VA, given factors such as limited availability of skilled care providers and inadequate access to care. Even more challenging will be VA's ability to provide treatment and rehabilitation to rural veterans who suffer from the signature ailments of the on-going Global War on Terrorism—traumatic blast injuries and combat-related mental health conditions. VA's efforts need to be especially focused on these issues.

A vital element of VA's transformation in the 1990s was the creation of Community Based Outpatient Clinics (CBOCs) that proximate access to VA primary care within veterans' communities. Recently, VA scheduled the opening of 44 additional CBOCs in 21 states. The new clinics will be fully activated in 2009, increasing VA's network of independent and community-based clinics to 782. The American Legion believes the clinics are warranted due to the growing population of veterans within rural areas of the Nation. More veterans are also migrating to less populated areas with an abundance of automobiles, which are the primary catalysts that transport Improvised Explosive Devices (IEDs) in Iraq.

While VA has taken the right step with the addition of more CBOCs, The American Legion believes more are warranted. There continues to be great difficulty serving veterans in rural areas, such as Nebraska, Nevada, Utah, South Dakota, Wyoming, and Montana where veterans face extremely long drives, a shortage of health care providers, and bad weather. VISNs rely heavily upon CBOCs to close the gap.

SEAMLESS TRANSITION

VA has an Office of Seamless Transition that is available to participate in Department of Defense (DOD), National Guard and Reserves Transition Assistance Programs (TAP) and Disabled Transition Assistance Programs (DTAP). However, The American Legion remains concerned that many servicemembers returning home from OEF/OIF duty are not being properly advised of the benefits and services available to them from VA and other Federal and State agencies. This is especially true of Reserve and National Guard units that are demobilized at hometown Reserve Centers and National Guard armories, rather than at active duty demobilization centers.

The American Legion recommends this Committee continue its oversight of VA to ensure that all recently separated veterans, to include Reserve components servicemembers are provided appropriate current and future plans and policies for a successful transition of the Nation's heroes from active duty to civilian life.

MEDICAL AND PROSTHETICS RESEARCH

The American Legion believes VA's focus in research should remain on understanding and improving treatment for conditions that are unique to veterans. Servicemembers are surviving catastrophically disabling blast injuries due to the superior armor they are wearing in the combat theater and the timely access to quality triage. The unique injuries sustained by the new generation of veterans clearly demand particular attention. VA must be funded to provide and maintain state-of-the-art prostheses.

The American Legion also supports adequate funding of other VA research activities, including basic biomedical research and bench-to-bedside projects. This Committee should continue to encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans—such as prostate cancer, addictive disorders, trauma and wound healing, Post Traumatic Stress Disorder, rehabilitation, and other medical problems jointly with DOD, the National Institutes of Health (NIH), other Federal agencies, and academic institutions.

ENVIRONMENTAL EXPOSURES

Agent Orange

One of the top priorities of The American Legion has been to ensure that long overdue major epidemiological studies of Vietnam veterans who were exposed to the herbicide Agent Orange are carried out.

The Institute of Medicine (IOM) report, *Characterizing Exposure of Veterans to Agent Orange and Other Herbicides Used in Vietnam*, is based on the research conducted by a Columbia University team. Headed by principal investigator Dr. Jeanne Mager Stellman, the team has developed a powerful method for characterizing exposure to herbicides in Vietnam. The American Legion is proud to have collaborated in this research effort. In its final report on the study, the IOM urgently recommends that epidemiological studies be undertaken now that an accepted exposure methodology is available. The American Legion strongly endorses this IOM report.

The IOM's most recent report on veterans' herbicide exposure in Vietnam, *Veterans and Agent Orange: Update 2006*, released July 27, 2007, added two new illnesses to the category of "limited or suggestive evidence of association," AL amyloidosis and hypertension. This is a profound finding since many Vietnam War veterans suffer from hypertension.

The "limited or suggestive" evidence finding meets the threshold of a positive association between the exposure of humans to a herbicide agent and the occurrence of a disease in humans, as set forth in title 38, United States Code § 1116, and has been used by VA to add other conditions, including type 2 diabetes, to the list of herbicide presumptive disabilities. Although the Secretary of Veterans Affairs, in violation of specific reporting requirements set forth in § 1116, has yet to publish his official determination regarding this latest IOM report in the Federal Register, The American Legion received a letter from the Secretary on June 26, 2008, informing our organization that AL amyloidosis is the only condition, based on the July 2007 IOM report, that would be added to the list of disabilities presumed to be service-connected due to herbicide exposure. The Secretary specifically stated that he has "determined that the evidence available at this time does not warrant the establishment of a new presumption of service connection based on service in Vietnam for any additional diseases reviewed in the NAS report."

Since, at of the time of this writing, the Secretary has not published a notice of his determination in the Federal Register, which will include an explanation of the scientific basis for that determination; The American Legion is unable to comment on the reasoning behind VA's decision not to recognize hypertension as presumptively service-connected to herbicide exposure among Vietnam veterans. Rest assured we will carefully review the Secretary's determination once it is published in the Federal Register and will take appropriate action, including, but not limited to, seeking a legislative remedy to correct this injustice.

The American Legion is extremely concerned about the timely disclosure and release of all information by DOD on the use and testing of herbicides in locations other than Vietnam during the war. Over the years, The American Legion has represented veterans who claim to have been exposed to herbicides in places other than Vietnam. Without official acknowledgement by the Federal Government of the use of herbicides, proving such exposure is virtually impossible. Information has come to light in the last few years leaving no doubt that Agent Orange, and other herbicides contaminated with dioxin, were released in locations other than Vietnam. This information is slowly being disclosed by DOD and provided to VA.

Obtaining the most accurate information available concerning possible exposure is extremely important for the adjudication of herbicide-related disability claims of veterans claiming exposure outside of Vietnam. For herbicide-related disability claims, veterans who served in Vietnam during the period of January 9, 1962 to May 7, 1975 are presumed by law to have been exposed to Agent Orange. Veterans claiming exposure to herbicides outside of Vietnam are required to submit proof of exposure. This is why it is crucial that all information pertaining to herbicide use, testing, and disposal in locations other than Vietnam be released to VA in a timely manner. Congressional oversight is needed to ensure that additional information identifying involved personnel or units for the locations already known by VA is released by DOD, as well as all relevant information pertaining to other locations that have yet to be identified. Locating this information and providing it to VA must be a national priority.

Gulf War Illness

Gulf War research is moving away from the previous stress theories and is beginning to narrow down possible causes. However, research regarding viable treatment options is still lacking. The American Legion applauds Congress for having the fore-

sight to provide funding to the Southwestern Medical Center's Gulf War Illness research program. The Center was awarded $15 million, renewable for five years, to further the scientific knowledge on Gulf War Veterans Illnesses research. This research will not only impact veterans of the 1991 Gulf War, but may prove beneficial for those currently serving in the Southwest Asia Theater and the Middle East.

VA must continue to fund research projects consistent with the recommendations of the Research Advisory Committee on Gulf War Veterans' Illness (RACGWI). It is important that VA continues to focus its research on finding medical treatments that will alleviate veterans' suffering as well as on figuring out the causes of that suffering.

Public Law 103–210, which authorized the Secretary of Veterans Affairs to provide priority health care to the veterans of the Persian Gulf War who have been exposed to toxic substances and environmental hazards, allowed Gulf War Veterans—and veterans of the Vietnam War—to enroll into Priority Group 6. The last sunset date for this authority was December 31, 2002. Since this date, information provided to veterans and VA hospitals has been conflicting. Some hospitals continue to honor Priority Group 6 enrollment for ill Gulf War veterans seeking care for their ailments. Other hospitals, well aware of the sunset date, deny Priority Group 6 enrollment for these veterans and notify them that they qualify for Priority Group 8. To these veterans' dismay, they are completely denied enrollment because of VA's restricted enrollment for Priority Group 8 since January 2003. Even more confounding is the fact that eligibility information disseminated via internet and printed materials does not consistently reflect this change in enrollment eligibility for Priority Group 6. VA has assured The American Legion that this issue will be rectified.

Although these veterans can file claims for these ailments and possibly gain access to the health care system once a disability percentage rate is granted, those whose claims are denied cannot enroll. According to the May 2007 version of VA's Gulf War Veterans Information System (GWVIS), there were 14,874 claims processed for undiagnosed illnesses. Of those undiagnosed illness claims processed, 11,136 claims were denied. Due to their nature, these illnesses are difficult to understand and information about individual exposures may not be available, many ill veterans are not able to present strong claims. They are then forced to seek care from private physicians who may not have enough information about Gulf War Veterans' illnesses to provide appropriate care.

VA notes that veterans may still be granted service connection, if evidence indicates an association between their diseases and their exposures. This places the burden of proof on Gulf War veterans to prove their exposures and that the level of exposure is sufficient enough to warrant service connection. IOM and VA have acknowledged that there is insufficient information on the use of the identified solvents and pesticides during the Gulf War.

VA states that Public Law 105–277 does not explain the meaning of the phrase, "known or presumed to be associated with service in the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf War" and that there is no legislative history explaining the meaning of the phrase. VA has had adequate time to get Congress to clarify the statute's intent and should have clarified the intent prior to delivering a charge to the IOM for the report. VA's interpretation is that Congress did not intend VA to establish presumptions for known health effects of all substances common to military and civilian life, but that it should focus on the unique exposure environment in the Persian Gulf during the war. The IOM was commissioned to ascertain long-term health effects of service in the Persian Gulf during the war, based on exposures associated with service in theater during the war as identified by Congress, not exposures unique to the Southwest Asia Theater. The determination to not grant presumption for the ailments identified should be based solely on the research findings, not on the legitimacy of the exposures identified by Congress.

The IOM has a similar charge to address veterans who served in Vietnam during the war. Herbicides were not unique to the operations in the Southeast Asia theater of conflict and there had not been, until recently, a definitive notion of the amounts of herbicides to which servicemembers had been exposed. Peer-reviewed, occupational studies are evaluated to make recommendations on which illnesses are associated with exposure the herbicides—and their components known to be used in theater. For ailments that demonstrate sufficient evidence of a causal relationship, sufficient evidence of an association, and limited evidence of an association, the Secretary may consider presumption. Gulf War and Health Volume 2 identifies several illnesses in these categories. However the Secretary determined that presumption is not warranted

VA needs to clearly define what type of information is required to determine possible health effects, for instance clarification of any guidance or mandate for the research. VA also needs to ensure that its charge to the IOM is specific enough to help it make determinations about presumptive illnesses. VA noted that neither the report, nor the studies considered for the report identified increased risk of disease based on episodic exposures to insecticides or solvents and that the report states no conclusion whether any of the diseases are associated with "less than chronic exposure," possibly indicating a lack of data to make a determination. If this was necessary, it should have been clearly identified.

Finally, Section 1118, title 38, U.S.C., mandates how the Secretary should respond to the recommendations made in the IOM reports. The Secretary is required to make a determination of whether or not a presumption for service connection is warranted for each illness covered in the report no later than 60 days after the date the report is received. If the Secretary determines that presumption is not warranted for any of the illnesses or conditions considered in the report, a notice explaining scientific basis for the determination has to be published in the Federal Register within 60 days after the determination has been made. Gulf War and Health, Volume 2 was released in 2003, four years ago. Since then, IOM has released several other reports and VA has yet to publish its determination on those reports as well.

The American Legion urges VA to provide clarity in the charge for the IOM reports concerning what type of information is needed to make determinations of presumption of service connection for illnesses that may be associated with service in the Gulf during the war.

The American Legion urges VA to get clarification from Congress on the intent of the phrase "known or presumed to be associated with service in the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf War," get clarification from the IOM committee to fill in as many gaps of information as possible, and re-evaluate the findings of the IOM report with the clarification provided.

The American Legion also urges Congress to provide oversight to ensure VA provides timely responses to the recommendations made in the IOM reports.

Atomic Veterans

Since the 1980s, claims by Atomic Veterans exposed to ionizing radiation for a radiogenic disease, for conditions not among those listed in Section 1112(c)(2), title 38, U.S.C., have required an assessment to be made by the Defense Threat Reduction Agency (DTRA) as to nature and amount of the veteran's radiation dosing. Under this guideline, when dose estimates provided are reported as a range of doses to which a veteran may have been exposed, exposure at the highest level of the dose range is presumed. From a practical standpoint, VA routinely denied the claims by many atomic veterans on the basis of dose estimates indicating minimal or very low-level radiation exposure.

As a result of the court decision in *National Association of Radiation Survivors* v. *VA* and studies by GAO and others of the U.S.'s nuclear weapons test program, the accuracy and reliability of the assumptions underlying DTRA's dose estimate procedures have come into question. On May 8, 2003, the National Research Council's Committee to Review the DTRA Dose Reconstruction Program released its report. It confirmed the complaints of thousands of Atomic Veterans that DTRA's dose estimates have often been based on arbitrary assumptions resulting in underestimation of the actual radiation exposures. Based on a sampling of DTRA cases, it was found that existing documentation of the individual's dose reconstruction, in a large number of cases, was unsatisfactory and evidence of any quality control was absent. The Committee concluded their report with a number of recommendations that would improve the dose reconstruction process of DTRA and VA's adjudication of radiation claims.

The American Legion was encouraged by the mandate for a study of the dose reconstruction program; nonetheless, we are concerned that the dose reconstruction program may still not be able to provide the type of information that is needed for Atomic Veterans to receive fair and proper decisions from VA. Congress should not ignore the National Research Council's findings and other reports that dose estimates furnished VA by DTRA over the past 50 years have been flawed and have prejudiced the adjudication of the claims of tens of thousands of Atomic Veterans. It remains practically impossible for Atomic Veterans or their survivors to effectively challenge a DTRA dose estimate.

It is not possible to accurately reconstruct the radiation dosages to which these veterans were exposed. The process prolongs claims decisions on ionizing radiation cases, ultimately delaying treatment and compensation for veterans with fatal diseases. Therefore, The American Legion believes the dose reconstruction program

should not continue. We urge the enactment of legislation to eliminate this provision in the claim of veterans with a recognized radiogenic disease who were exposed to ionizing radiation during military service.

Mustard Gas Exposure

In March 2005, VA initiated a national outreach effort to locate veterans exposed to mustard gas and Lewisite as participants in chemical warfare testing programs while in the military. For this recent initiative, VA is targeting veterans who have been newly identified by DOD for their participation in the testing, most of which had participated in programs conducted during WWII. DOD estimated 4,500 servicemembers had been exposed.

The American Legion has been contacted by veterans who contend that the number of participants identified was understated by tens of thousands and that participation in these clandestine chemical programs extended decades beyond the World War II era. Investigators have not always maintained thorough records of the events; adverse health effects were not always annotated in the servicemember's medical records; and participants were warned not to speak of the program. Without adequate documentation of their participation, participants may not be able to prove their current ailments are related to the testing.

It is important DOD commits to investigating these claims as they arise to determine if they have merit. It is also important VA commit to locating those identified by DOD in a timely manner, as many of them are WWII era veterans. Congressional oversight may be necessary to ensure these veterans are granted the consideration they deserve.

BLINDED VETERANS

There are approximately 38,000 blind veterans enrolled in the VA health care system. Additionally, demographic data suggests that in the United States, there are over 160,000 veterans with low-vision problems and eligible for Blind Rehabilitative services. Due to staffing shortages, over 1,500 blind veterans will wait months to get into one of the 10 blind rehabilitative centers.

VA currently employs approximately 164 Visual Impairment Service Team (VIST) Coordinators to provide lifetime case management to all legally blind veterans and all OEF/OIF patients and 38 Blind Rehabilitative Outpatient Specialists (BROS) to provide services to patients who are unable to travel to a blind center. The training provided by BROS is critical to the continuum of care for blind veterans. The DOD medical system is dependent on VA to provide blind rehabilitative services.

The American Legion urges VA to increase funding for more Blind Rehabilitative Outpatient Specialists.

MEDICAL CONSTRUCTION AND INFRASTRUCTURE SUPPORT

Major Construction

The CARES process identified approximately 100 major construction projects in the VA Medical Center System, the District of Columbia, and Puerto Rico. Construction projects are categorized as major if the estimated cost is over $10 million. Now that VA has disclosed the plan to deliver health care through 2022, Congress has the responsibility to provide adequate funds. VA has not had this type of progressive construction agenda in decades. Major construction money can be significant and proper utilization of funds must be well planned. However, if timely completion is truly a national priority, The American Legion continues to have concerns due to inadequate funding.

In addition to the cost of the proposed new facilities are many construction issues that have been "placed on hold" for the past several years due to inadequate funding, and the moratorium placed on construction spending by the CARES process. One of the most glaring shortfalls is the neglect of the buildings sorely in need of seismic correction. This is an issue of safety. The delivery of health care in unsafe buildings cannot be tolerated and funds must be allocated to not only construct the new facilities, but also to pay for much needed upgrades at existing facilities. Gambling with the lives of veterans, their families and VA employees is absolutely unacceptable.

The American Legion believes VA has effectively shepherded the CARES process to its current state by developing the blueprint for the future delivery of VA health care—we urge Congress adequately fund the implementation of this comprehensive and crucial undertaking.

Minor Construction

VA's minor construction program has also suffered significant neglect over the past several years. Maintaining the infrastructure of VA's buildings is no small task due to the age of these buildings, continuous renovations, relocations and expansions. A slight hesitation in provision of funding leaves a profound impact.

The American Legion recommends Congress adequately fund the implementation of this program.

Information Technology Funding

Since the data theft occurrence in May 2006, the VA has implemented a complete overhaul of its Information Technology (IT) division nationwide. Although not quite from its beginning stages, The American Legion is hopeful VA takes the appropriate steps to strengthen its IT security to renew the confidence and trust of veterans who depend on VA for the benefits they have earned.

Within VA Medical Center Nursing Home Care Units, it was discovered there was conflict with IT and each respective VAMC regarding provision of Internet access to veteran residents. VA has acknowledged the Internet would represent a positive tool in the veteran's rehabilitation. The American Legion believes Internet access should be provided to these veterans without delay, for time is of the essence in the journey to recovery. In addition, veterans should not have to suffer due to VA's gross negligence in the matter.

The American Legion believes there should be a complete review of IT security government wide. VA isn't the only agency within the government requiring an overhaul of its IT security protocol. The American Legion urges Congress to exercise its oversight authority and review each Federal agency to ensure that the personal information of all Americans is secure.

The American Legion supports the centralization of VA's IT. The quantity of work required to secure information managed by VA is immense. The American Legion urges Congress to maintain close oversight of VA's IT restructuring efforts and fund VA's IT to ensure the most rapid implementation of all proposed security measures.

COMPENSATION AND PENSION

Veterans Benefits Administration

VA has a statutory responsibility to ensure the welfare of the Nation's veterans, their families, and survivors. Providing quality decisions in a timely manner has been, and will continue to be one of VA's most difficult challenges.

Claims Backlog & Staffing

In FY 2007, more than 2.8 million veterans received disability compensation benefits. Providing quality decisions in a timely manner has been, and will continue to be, one of the VA's most difficult challenges. A majority of the claims processed by the Veterans Benefits Administration's (VBA) 57 regional offices involve multiple issues that are legally and medically complex and time consuming to adjudicate.

As of August 9, 2008, there were 618,314 claims pending in VBA, 394,201 of which are rating cases. There has been a steady increase in VA's pending claim backlog since the end of FY 2004 when there were 321,458 rating cases pending. At the end of FY 2007, there were more than 391,000 rating cases pending in the VBA system, up approximately 14,000 from FY 2006. Of these, more than 100,000 (25.7 percent) were pending for more than 180 days. Including non-rating claims pending, the total compensation and pension claims backlog was more than 627,000, with 26.5 percent of these claims pending more that 180 days.

There were also more than 164,000 appeals pending at VA regional offices, with more than 142,000 requiring some type of further adjudicative action. At the end of FY 2007, the average number of days to complete a claim from date of receipt (182.5 days) was up 5.4 days from FY 2006.

Inadequate staffing levels, inadequate continuing education, and pressure to make quick decisions, resulting in an overall decrease in quality of work, has been a consistent complaint among regional office employees interviewed by The American Legion staff during regional office quality checks. It is an extreme disservice to veterans, not to mention unrealistic, to expect VA to continue to process an ever increasing workload, while maintaining quality and timeliness, with the current staff levels. The current wartime situation provides an excellent opportunity for VA to actively seek out returning veterans from OEF and OIF, especially those with service-connected disabilities, as well as veterans from prior wars, for employment opportunities within VBA. Despite the recent hiring initiatives, regional offices will clearly need more personnel given current and projected future workload demands. VBA must be required to provide better justification for the resources it says are

needed to carry out its mission and, in particular, how it intends to improve the level of adjudicator training, job competency, and quality assurance.

The American Legion recommends Congress increase VBA staffing levels, provide appropriate training support for these employees and increase the number of veterans of all wars hired in the VA.

Production vs. Quality

Since 1996, The American Legion, in conjunction with the National Veterans Legal Services Program (NVLSP), has conducted quality review site visits at more than 40 regional offices for the purpose of assessing overall operation. This Quality Review Team visits a regional office for a week and conducts informal interviews with both VA and veterans service organization (VSO) staff. The Quality Review Team then reviews a random sample of approximately 30–40 recently adjudicated American Legion-represented claims. The Team finds errors in approximately 20–30 percent of cases reviewed.

The most common errors include the following:

- Inadequate claim development leading to premature adjudication of claim;
- Failure to consider reasonably inferred claims based on evidence of record;
- Rating based on inadequate VA examination; and/or
- Under evaluation of disability (especially mental conditions).

These errors are a direct reflection of VA's emphasis of quantity over quality of work. This seems to validate The American Legion's concerns that emphasis on production continues to be a driving force in most VA regional offices, often taking priority over such things as training and quality assurance. Clearly, this frequently results in premature adjudications, improper denials of benefits and inconsistent decisions.

VETERANS' DISABILITY BENEFITS COMMISSION

In October 2007, after almost 2½ years of study, the Veterans' Disability Benefits Commission (VDBC or Commission), released its extensive report, *Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century*, to the President and Congress. Due to the history surrounding the establishment of the Commission, The American Legion and others in the VSO community feared that it would be used as a tool to restrict veterans' benefits. In fact, key Members of Congress and other Federal Government officials publicly expressed their desire to use the VDBC as a vehicle to institute radical changes in the VA disability system that would negatively impact and restrict entitlement to benefits for a large number of veterans. The American Legion closely monitored the Commission's activities and provided written and oral testimony, as well as other input.

The American Legion appreciates the Commission's hard work and commitment and we are generally pleased with its recommendations. As the final report contains 113 recommendations, this statement will focus, for the most part, on recommendations that will directly impact the disability compensation system as well as those addressed as high priority in the Executive Summary.

The American Legion looks forward to working with Congress and VA to implement many of these recommendations.

Filipino Veterans

The American Legion fully supports the Filipino Veterans Equity Act and has testified in support of this legislation on a number of occasions for several years. The American Legion's objection rests with how Congress plans to pay for larger bill that contains the Filipino Equity Act provision. In order to meet its PAY GO obligations, Congress plans to repeal the *Hartness* v. *Nicholson* decision. In fact, some Filipino veterans may very well benefit from the *Hartness* v. *Nicholson* decision; especially should the Filipino Veterans Equity Act become law. By repealing this decision, Congress would be denying one group of veterans (elderly, disabled homebound) an earned benefit to give another group of veterans (the Filipino veterans and others) benefits. The American Legion believes it is wrong and sets an unacceptable precedence.

There is nothing that would prevent Congress from next year, repealing the Filipino Equity Act to use that money to pay for some other group of veterans. Such a "rob Peter to pay Paul" scheme clearly dishonors and disrespects all veterans involved. Even worse, it pits veterans against veterans. Thus, while The American Legion strongly supports the Filipino Veterans Equity Act, it cannot support this proposed PAYGO funding stream. Congress must not make a grave mistake in the name of fairness, equality or eve fiscal responsibility.

We urge Congress to do what is right. It has other funding options—not just the repeal of *Hartness* v. *Nicholson* but can waive the budget rules, which Congress has already done to fund other bills; or pass the Filipino Veterans Equity Act as part of an emergency supplemental appropriations.

National Cemetery Administration

The mission of the National Cemetery Administration (NCA) is to honor veterans with final resting places in national shrines and with lasting tributes that commemorate their service to this Nation. The American Legion recognizes NCA's excellent record in providing timely and dignified burials to all veterans who opt to be buried in a National Cemetery. We also recognize the hard work that is required to restore and maintain National Cemeteries as national shrines and applaud NCA for its commitment and success toward that endeavor.

The American Legion supports the "75-mile service area/170,000 veteran population" threshold that currently serves as the benchmark for establishing a new national cemetery. However, driving (commuting) times should be considered as inner-city traffic can significantly increase travel times to distant cemeteries and driving time needs to be factored in when trying to determine if the veteran population is being served effectively.

National Cemetery Expansion

According to NCA's estimates in the President's budget request for FY 2009, annual interments will increase to 111,000, a 10 percent rise from FY 2007. Interments in FY 2013 are expected to be about 109,000, a 9 percent increase from FY 2007. The total number of graves maintained is expected to increase from almost 2.8 million in FY 2007 to over 3.3 million in FY 2013. The American Legion recommends that monies for additional employees be included in the budget.

VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICE (VR&E)

The mission of the VR&E program is to help qualified, service-disabled veterans achieve independence in daily living and, to the maximum extent feasible, obtain and maintain suitable employment. The American Legion fully supports these goals. VA leadership must focus on marked improvements in case management, vocational counseling, and—most importantly—job placement.

Interagency Cooperation between DOL-VETS and VA

It is our experience that the interagency collaboration and communication between the VR&E program, and the Department of Labor (DOL) Veterans Employment and Training Service (VETS) is lacking. The American Legion recommends exploring possible training programs geared specifically for VR&E Counselors through the National Veterans Training Institute (NVTI). Contracting for standardized or specialized training for VR&E employees could very well strengthen and improve overall program performance.

Veterans' Preference in Job Placement

The Federal Government has scores of employment opportunities that educated, well-trained, and motivated veterans can fill given a fair and equitable chance to compete. Working together, all Federal agencies should identify those vocational fields, especially those with high turnover rates, suitable for VR&E applicants. There are three ways veterans can be appointed to jobs in the competitive civil service: by competitive appointment through an OPM list of eligibles (or agency equivalent); by noncompetitive appointment under special authorities that provide for conversion to the competitive service; or, by Merit Promotion selection under the Veterans Employment Opportunities Act (VEOA). The American Legion recommends the number of veterans in the Federal Government be increased.

Provide military occupational skills and experience translation for civilian employment counseling

The American Legion notes that due to the current demands of the military, greater emphasis on the Reserve component of the Armed Forces created employment hardships for many Reservists. The American Legion supports amending Section 4101(5), title 38, U.S.C., to add Subsection (D) to the list of "Eligible Persons" for Job Counseling, Training, and Placement Service for Veterans, to include members in good standing of Active Guard and Reserve Units of the Armed Forces of the United States who have completed basic and advanced Duty for Training (ACDUTRA) and have been awarded a Military Occupation Specialty.

DOD provides some of the best vocational training in the Nation for its military personnel and establishes measures and evaluates performance standards for every occupation with the Armed Forces. There are many occupational career fields in the

Armed Forces that can easily translate to a civilian counterpart. Many occupations in the civilian workforce require a license or certification. In the Armed Forces, these unique occupations are performed to approved military standards that may meet or exceed the civilian license or certification criteria. Upon separation, many former military personnel, certified as proficient in their military occupational career, are not licensed or certified to perform the comparable job in the civilian workforce, thus hindering chances for immediate civilian employment and delaying career advancement. This situation creates an artificial barrier to employment upon separation from military service.

A study by the Presidential Commission on Servicemembers' and Veterans' Transition Assistance identified a total of 105 military professions where civilian credentialing is required. The most easily identifiable job is that of a Commercial Truck Driver in which there is a drastic shortage of qualified drivers. Thousands of veterans must venture through each state's laws instead of a single national test or transfer of credentials from the military. We have testified alongside members of the trucking industry to Congress for the need for accelerated MG*IB* payments for these courses and other matters.

The American Legion supports efforts to eliminate employment barriers that impede the transfer of military job skills to the civilian labor market, and supports efforts to DOD take appropriate steps to ensure that servicemembers be trained, tested, evaluated and issued any licensure or certification that may be required in the civilian workforce. The American Legion supports efforts to increase the civilian labor market's acceptance of the occupational training provided by the military.

Department of Labor Veterans Employment and Training Service (DOL-VETS)

The mission of VETS is to promote the economic security of America's veterans. This stated mission is executed by assisting veterans in finding meaningful employment. The American Legion believes that by strengthening American veterans, we in turn strengthen America. Annually, DOD discharges approximately 300,000 servicemembers. Recently separated service personnel will seek immediate employment or increasingly have chosen some form of self-employment. In order for the VETS program to assist these veterans to achieve their goals, it needs to:

- Improve by expanding its outreach efforts with creative initiatives designed to improve employment and training services for veterans;
- Provide employers with a labor pool of quality applicants with marketable and transferable job skills;
- Provide information on identifying military occupations that require licenses, certificates or other credentials at the local, state, or national levels;
- Eliminate barriers to recently separated service personnel and assist in the transition from military service to the civilian labor market;
- Strive to be a proactive agent between the business and veterans' communities in order to provide greater employment opportunities for veterans; and
- Increase training opportunities, support and options for veterans who seek self-employment and entrepreneurial careers.

The American Legion believes staffing levels for DVOPs and LVERs should match the needs of the veterans' community in each state and not be based solely on the fiscal needs of the state government. Such services will continue to be crucial as today's active duty servicemembers, especially those returning from combat in Iraq and Afghanistan, transition into the civilian world. Education, vocational and entrepreneurial training and employment opportunities will enable these veterans to succeed in their future endeavors. Adequate funding will allow the programs to increase staffing to provide comprehensive case management job assistance to disabled and other eligible veterans.

The American Legion believes that military experience is essential to understanding the unique needs of the veteran and that all LVERs, as well as all DVOPs, should be veterans and should be additionally educated to be able to address the needs of veterans who desire entrepreneurial support.

The American Legion also supports legislation that will restore language to Chapter 41, title 38, U.S.C., that require that half time DVOP/LVER positions be assigned only after approval of the DVET and that the Secretary of Labor would be required to monitor all career centers that have veterans on staff assigned. Public Law 107–288 has eliminated the requirement that DOL-VETS review all workforce centers annually and this has minimized Federal oversight of the programs since the ASVET has drastically cut funds allocated for this activity and established a policy that only 10 percent of the centers operated under title 38, U.S.C., will be reviewed, and Public Law 107–288 has removed the job descriptions of the DVOPs and LVERs from title 38, U.S.C., and given the States the ability to establish the duties and responsibilities, thus weakening the VETS program across the country

by eliminating the language that required these staff positions provide services only to veterans.

Make Transitional Assistance Program (TAP)/Disabled Transitional Assistance Program (DTAP) a Mandatory Program

The American Legion is deeply concerned with the timely manner that veterans, especially returning wartime veterans, transition into the civilian sector. Annually, for the past 6 years, approximately 300,000 servicemembers, 90,000 of them belonging to the National Guard and Reserve, enter the civilian sector each year.

In numerous cases brought to the attention of The American Legion by veterans and other sources, many of these returning servicemembers have lost jobs, promotions, businesses, homes, and cars and, in a few cases, become homeless. The American Legion strongly endorses the belief that servicemembers would greatly benefit by having access to the resources and knowledge that the Transitional Assistance Program (TAP) and Disabled Transitional Assistance Program (DTAP) can provide and the TAP/DTAP program needs to update their program to recognize the large number of Guard and Reserve business owners who now require training, information and assistance while they attempt to salvage or recover from a business which they abandoned to serve their country.

The American Legion strongly supports the Transition Assistance Program and Disabled Transition Assistance Program. Additionally, The American Legion supports that DOD require all separating, active-duty servicemembers, including those from Reserve and National Guard units, be given an opportunity to participate in Transition Assistance Program and Disabled Transition Assistance Program training not more than 180 days prior to their separation or retirement from the Armed Forces.

To ensure that all veterans, both transitioning and those looking for employment assistance well past their discharge, receive the best care; the DOL-VETS program must be adequately funded. However, we feel that the current funding levels are inadequate. Funding increases for VETS since 9/11 do not reflect the large increase in servicemembers requiring these services due to the Global War on Terrorism.

Military Occupational Specialty Transition (MOST) Program

The American Legion supports legislation that will authorize $60 million for the next ten years to fund the Service Members' Occupational Conversion and Training Act (SMOCTA). SMOCTA is a training program developed in the early 1990's for those leaving military service with few or no job skills transferable to the civilian market place. SMOCTA has been changed to the Military Occupational Specialty Transition (MOST) program, but the language and intent of the program still applies. If enacted, MOST would be the only Federal job training program available strictly for veterans and the only Federal job training program specifically designed and available for use by state veterans' employment personnel to assist veterans with barriers to employment.

Veterans eligible for assistance under MOST are those with a primary or secondary military occupational specialty that DOD has determined is not readily transferable to the civilian workforce or those veterans with a service-connected disability rating of 30 percent or higher. MOST is a unique job training program because there is a job waiting for the newly trained veteran upon completion of training so that they can continue to contribute to the economic well being of the Nation.

The American Legion recommends reauthorization of SMOCTA (now MOST) and adequate funding for the program.

Employment

DVOPs provide outreach services and intensive employment services to meet the employment needs of eligible veterans, with priority to disabled veterans and special emphasis placed on those veterans most in need. LVERs conduct outreach to local employers to develop employment opportunities for veterans, and facilitate employment, training and placement services to veterans. In particular, many LVERs are the facilitators for the Transition Assistance Program employment workshops. There are inadequate appropriations to several states because of policies and practices that cause these states to receive fewer positions and/or less funding. This procedure caused a deterioration of the available services provided to veterans in those states, and adversely impacts the level of services provided. The American Legion, therefore, recommends increased funding for this program.

Homelessness (DOL-VETS)

The American Legion notes that there are approximately 154,000 homeless veterans on the street each night. This number, compounded with 300,000 servicemembers entering the private sector each year since 2001 with at least a third of

them potentially suffering from mental illness, requires that intensive and numerous programs to prevent and assist homeless veterans are available.

The Homeless Veterans Reintegration Program (HVRP) is a competitive grant program. Grants are awarded to states or other public entities and non-profits, including faith-based organizations, to operate employment programs that reach out to homeless veterans and help them become gainfully employed. The purpose of the HVRP is to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force and to stimulate the development of effective service delivery systems that will address the complex problems facing veterans. HVRP is the only nationwide program focused on assisting homeless veterans to reintegrate into the workforce. The American Legion strongly supports this highly successful grant program.

Veterans Workforce Investment Program (VWIP)

VWIP grants support efforts to ensure veterans' lifelong learning and skills development in programs designed to serve the most-at-risk veterans, especially those with service-connected disabilities, those with significant barriers to employment, and recently separated veterans. The goal is to provide an effective mix of interventions, including training, retraining, and support services, that lead to long term, higher wages and career potential jobs. The American Legion recommends fully funding VWIP.

Employment Rights and Veterans' Preference

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the civilian job rights and benefits of veterans and members of the Armed Forces, including National Guard and Reserve members. USERRA also prohibits employer discrimination due to military obligations and provides reemployment rights to returning servicemembers. VETS administers this law, conducts investigations for USERRA and Veterans' Preference cases, as well as conducts outreach and education, and investigates complaints by servicemembers.

Since September 11, 2001, nearly 600,000 National Guard and Reserve members have been activated for military duty. During this same period, DOL-VETS provided USERRA assistance to over 410,000 employers and servicemembers.

Veterans' Preference is authorized by the Veterans' Preference Act of 1944. The Veterans' Employment Opportunity Act (VEOA) of 1998 extended certain rights and remedies to recently separated veterans. VETS was given the responsibility to investigate complaints filed by veterans who believe their Veterans' Preference rights have been violated and to conduct an extensive compliance assistance program.

Veterans' Preference is being unlawfully ignored by numerous agencies. Whereas figures show a decline in claims by veterans of this conflict compared to Gulf War I, the reality is that employment opportunities are not being broadcast. Federal agencies as well as Federal contractors and subcontractors are required by law to notify OPM of job opportunities but more often than not these vacancies are never made available to the public. The VETS program investigates these claims and corrects unlawful practices. The American Legion recommends fully funding for Program Management that encompasses USERRA and VEOA.

Veteran- and Service Disabled Veteran-Owned Businesses

The American Legion views small businesses as the backbone of the American economy. The impact of deployment on self-employed National Guard and Reserve servicemembers is tragic with a reported 40 percent of all businesses owned by veterans suffering financial losses and, in some cases, bankruptcies. Many small businesses have discovered they are unable to operate and suffer some form of financial loss when key employees (who are members of the Reserve component) are activated. The Congressional Budget Office in a report, "The Effects of Reserve Call-Ups on Civilian Employers," stated that it "expects that as many as 30,000 small businesses and 55,000 self-employed individuals may be more severely affected if their Reservist employee or owner is activated." The American Legion is a strong supporter of the "Hope at Home Act of 2007," which is bipartisan legislation that would not only require the Federal Government to close the pay gap between their Reserve and National Guard servicemember's civilian and military pay but it would also provide tax credits up to $30,000 for small businesses with servicemembers who are activated.

Additionally, the Office of Veterans' Business Development within the Small Business Administration (SBA) remains crippled and ineffective due to a token funding of $750,000 per year. This amount, which is less than the office supply budget for the SBA, is expected to support an entire nation of veterans who are entrepreneurs. The American Legion feels that this pittance is an insult to American veterans who

are small business owners; consequently, this undermines the spirit and intent of Public Law 106–50 and continues to be a source of embarrassment for this country.

The American Legion strongly supports increased funding of the efforts of the SBA's Office of Veterans' Business Development in its initiatives to provide enhanced outreach and specific community based assistance to veterans and self employed members of the Reserves and National Guard. The American Legion also supports legislation that would permit the Office of Veterans Business Development to enter into contracts, grants, and cooperative agreements to further its outreach goals and develop a nationwide community-based service delivery system specifically for veterans and members of Reserve components of the United States military.

The American Legion recommends funding to enable the implementation of a nationwide community-based assistance program to veterans and self employed members of the Reserves and National Guard.

The National Veterans Business Development Corporation

Congress enacted the Veterans Entrepreneurship (TVC) and Small Business Development Act of 1999 (Public Law 106–50) to assist veterans and service-connected disabled veterans who own small businesses by creating the National Veterans Business Development Corporation. Presently, the objectives of P.L. 106–50 (as originally envisioned) are not being met. The American Legion supports a close review of the organization.

The American Legion encourages Congress to require reasonable "set-asides" of Federal procurements and contract for businesses owned and operated by veterans. The American Legion also supported legislation that sought to add service-connected disabled veterans to the list of specified small business categories receiving 3 percent set-asides. Public Law 106–50 included veteran small businesses within Federal contracting and subcontracting goals for small business owners and within goals for the participation of small businesses in Federal procurement contracts. It requires the head of each Federal agency to establish agency goals for the participation by small businesses owned and controlled by service-connected disabled veterans, within that agency's procurement contracts.

Agency compliance with P.L. 106–50 has been minimal with only two agencies self-reporting that they have met their goals (the Department of Veterans Affairs and the Small Business Administration). In 2004, President Bush issued Executive Order 13360 to strengthen opportunities in Federal contracting for service-disabled veteran-owned businesses.

The American Legion recommends:

- Incorporate Executive Order 13360 into SBA Regulations and Standard Operating Procedures

The American Legion endorses these recommendations from the "SBA Advisory Committee on Veterans Business Affairs" FY 2006 SBA report:

- Change to Sole Source Contracting Methods
- Develop a User Friendly Veteran Procurement Data base

HOME LOAN GUARANTY PROGRAM

VA's Home Loan Guaranty program has been in effect since 1944 and has afforded approximately 18 million veterans the opportunity to purchase homes. The Home Loan program offers veterans a centralized, affordable and accessible method of purchasing homes in return for their service to this Nation. The program has been so successful over past years that not only has the program paid for itself, but has also shown a profit in recent years. Administrative costs constitute a relatively small portion—less than 10 percent—of the total capital and operating costs. The predominant costs are claims costs and other costs associated with foreclosure and alternatives taken to avoid foreclosure. Each claim costs the Federal Government about $20,000. However, revenues that VA collects from different sources, including the funding fee that borrowers pay, property sales, and proceeds from acquired loans and vendee loans, offset this cost.

The VA funding fee is required by law and is designed to sustain the VA Home Loan Program by eliminating the need for appropriations from Congress. Congress is not required to appropriate funding for this program; however, because veterans must now 'buy' in to the program, it no longer serves the intent of helping veterans afford a home.

The fee, currently 2.15 percent on no-down payment loans for a first-time use, is intended to enable the veteran who obtains a VA home loan to contribute toward the cost of this benefit and thereby reduce the cost to taxpayers. The funding fee for second time users who do not make a down payment is 3.3 percent. The idea of a higher fee for second time use is based on the fact that these veterans have

already had a chance to use the benefit once, and also that prior users have had time to accumulate equity or save money toward a down payment.

The following persons are exempt from paying the funding fee:

- Veterans receiving VA compensation for service-connected disabilities.
- Veterans who would be entitled to receive compensation for service-connected disabilities if they did not receive retirement pay.
- Surviving spouses of veterans who died in service or from service-connected disabilities (whether or not such surviving spouses are veterans with their own entitlement and whether or not they are using their own entitlement on the loan).

The funding fee makes the VA Home Loan program less beneficial compared to a standard, private loan in some aspects. The funding fee mandates the participant to buy in to the program; however that goes directly against the intention of the law, to provide veterans a resource for obtaining a home. The American Legion believes that it is unfair for veterans to pay high funding fees of 2 to 3 percent, which can add approximately $3,000 to $11,000 for a first time buyer. The VA funding fee was initially enacted to defray the costs of the VA guaranteed home loan program. The current funding fee paid to VA to defray the cost of the home loan has had a negative effect on many veterans who choose not to participate in this highly beneficial program. Therefore, The American Legion strongly recommends that the VA funding fee on home loans be reduced or eliminated for all veterans whether active duty, Reserve, or National Guard.

HOMELESS VETERANS

The American Legion supports the efforts of public and private sector agencies and organizations with the resources necessary to aid homeless veterans and their families. The American Legion supports proposals that will provide medical, rehabilitative and employment assistance to homeless veterans and their families. Homeless veteran programs should be granted full appropriations to provide supportive services such as, but not limited to outreach, health care, habilitation and rehabilitation, case management, daily living, personal financial planning, transportation, vocational counseling, employment and training, and education.

The American Legion applauds the Department of Housing and Urban Development (HUD)—Veterans Affairs Supported Housing (VASH) program. This program allowed HUD and VA to make up to 10,000 supportive incremental housing vouchers available to homeless veterans. The American Legion urges continued support of this program.

Homeless Providers Grant and Per Diem Program Reauthorization

In 1992, VA was given authority to establish the Homeless Providers Grant and Per Diem Program under the Homeless Veterans Comprehensive Service Programs Act of 1992, P.L. 102–590. The Grant and Per Diem Program is offered annually (as funding permits) by the VA to fund community agencies providing service to homeless veterans. VA can provide grants and per diem payments to help public and nonprofit organizations establish and operate supportive housing and/or service centers for homeless veterans. Funds are available for assistance in the form of grants to provide transitional housing (up to 24 months) with supportive services, supportive services in a service center facility for homeless veterans not in conjunction with supportive housing, or to purchase vans. The American Legion strongly supports increasing the funding level for the Grant and Per Diem Program.

Domiciliary Care for Homeless Veterans Program

DCHV operates 34 sites, with 1,833 dedicated domiciliary beds, providing time limited residential treatment with long-term physical, psychological, and rehabilitative counseling and services including aftercare. This program annually provides residential treatment to nearly 5,200 homeless veterans. The American Legion supports the program.

Veterans Industries/Compensated Work Therapy Program

VI/CWT offers vocational and rehabilitative services, ranging from evaluation and counseling to participation in compensated work and vocational training. Since 1994 over 32,000 veterans have been successfully reintegrated into society as responsible members of the community through this program. The American Legion supports the program.

Homeless Women Veterans and Children

Homeless veterans' service providers' clients have historically been almost exclusively male. That is changing as more women veterans and women veterans with young children have sought help. Additionally, the approximately 200,000 female

Iraq veterans are isolated during and after deployment making it difficult to find gender-specific peer-based support. Access to gender-appropriate care for these veterans is essential.

Homeless veteran service providers recognize that they will have to accommodate the needs of the changing homeless veteran population, including increasing numbers of women and veterans with dependents. Access to family housing through the distribution of the thousands of new Section 8 vouchers that will be made available through the HUD-VASH program will offer an important new resource allowing VA staff to assist the veteran and her family.

The American Legion supports adequate funding for all domiciliary programs for qualified veterans. This includes funding for gender-specific, peer-based support and access to gender-appropriate care.

SUMMARY

The American Legion appreciates the strong relationship we have developed with the Committee. With increasing military commitments worldwide, it is important we work together to ensure that the services and programs offered through VA and other government agencies are available to the new generation of American servicemembers who are returning home as well as for the veterans of prior conflicts.

The American Legion is fully committed to working with each of you to ensure that America's veterans receive the benefits they have earned. Whether it is improved accessibility to health care, timely adjudication of disability compensation claims, improved educational benefits or employment services, each and every aspect of these programs touches veterans from every generation. Together we can ensure that these programs remain productive, viable options for the men and women who have chosen to answer the Nation's call to arms.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. DANIEL K. AKAKA TO DEAN STOLINE, ASSISTANT DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION

PTSD

Just this morning, the VA Inspector General issued a report on the Temple, Texas situation. Many will recall that a psychologist at that facility wrote a strangely worded email which set off a firestorm of concern for those who are suffering from PTSD. In a word, the IG found no systemic effort on the part of VA to reduce the number of PTSD claims via inappropriate diagnosis.

Question 1. Is it your view that mental health issues, and particularly PTSD, are receiving appropriate attention, in terms of both compensation and care?

Response. With regard to compensation, there are still problems with VA's processing of mental disorder claims. The American Legion "Quality Review Team" has visited approximately 40 of VA's 57 regional offices. During these visits we have discovered the following adjudication problems with both the establishment of service connection and the assignment of evaluation for mental disorders, including PTSD:

Inadequate examinations—In some cases VA doctors do not assign global assessment of functioning (GAF) scores that are consistent with the symptomatology noted in the examination report.

Premature negative decisions by VA adjudicators—for example, they rate on inadequate evidence, they fail to obtain potentially positive evidence, and in their efforts to take work credit they fail to return inadequate VA examinations for clarification or amendment.

Inconsistent application of the General Rating Formula for Mental Disorders (38 CFR 4.130)—for example, veterans with similar symptoms and GAF scores often receive drastically different ratings.

PTSD Claims—Unnecessary development (really development to deny) when there is sufficient evidence to support the existence of a stressor in service.

With regard to PTSD care, there is a possibility that mental health services could be lacking due to lack of mental health professionals, such as psychiatrists. If a certain amount of psychiatrists are warranted, there are implications that adequacy of care isn't met when those personnel aren't in place. To date, such are the findings during The American Legion's 2009 site visits. As site visits progress, The American Legion can determine the extent of appropriateness of care.

COLLABORATION ON THE ISSUES

Question 2. How can your organizations collaborate to address the concerns of those who veterans who are returning after service in Iraq and Afghanistan?

Response. Please look at our responses to the question regarding "Outreach."

VBA STAFFING

In light of the increased funding for VBA staffing, there are high expectations that VBA will improve the quality of claims decisions, and to do so in a timely manner.

Question 3. What more do you believe Congress could do to assist in decreasing the backlog, and at the same time, improving timeliness and accuracy?

Response. Congress should continue to conduct aggressive oversight of VA's claims processing system. Specifically, VBA must be required to provide better justification for the resources it says are needed to carry out its mission and, in particular, how it intends to improve the level of adjudicator training, job competency, and quality assurance.

OIF/OEF ILLNESSES

The Committee and, indeed, the full Congress, has focused a great deal of attention on mental health and TBI matters. Yet, the most common health condition of returning OEF/OIF veterans is not TBI or mental illness, but instead muscle and joint pain.

Question 4. Do you have proposals on how to focus on this number one health concern from those who have served in Iraq and Afghanistan?

Response. It is important the muscle and joint pain issue receive the same attention as Traumatic Brain Injury and mental illness. Just as the latter, the former must be implemented when conducting the Post-Deployment Health Assessment (PDRHA). It must also be implemented during the servicemember's transition from active duty to civilian status. The American Legion believes that during the continuum of care process, the Department of Defense (DOD) and the Department of Veterans Affairs (VA) must educate servicemembers and veterans on mode of treatment of the aforementioned illnesses respectively.

OUTREACH

Question 5. How are your organizations, individually or in some cooperative fashion, working to outreach to veterans and encourage them to take advantage of VA care and services?

Response. American Legion Outreach Programs:

Department (State) Service Officers

American Legion Department Service Officers conduct direct outreach to veterans and their families regarding benefits available from VA. They also have specialized training and experience with VA regulations and are familiar with the many VA programs and services. They provide an invaluable service to veterans by representing them in the VA claims process or providing other assistance as needed. This service is free and the veteran does not have to be member to take advantage of it. When a veteran contacts The American Legion National Headquarters, views our Web site, or speaks to a Legion member, they are referred to that state's Department Service Officer. A Post Service Officer's Guide is distributed to 14,000 posts nationwide to help answer benefit questions which also serves as a referral source for veterans wishing to file claims.

Heroes to Hometowns

In an effort to increase transparency and cooperation between DOD and the American people, The American Legion entered into an understanding with the Office of the Secretary of Defense's (OSD) Office of Military Community and Family Policy (MCFP) under the authority of the Deputy Under Secretary of Defense for Military Community and Family Policy, Leslye A. Arsht, to assist in outreach and assistance efforts to transitioning severely injured servicemembers. The American Legion agreed to provide outreach support to the military community's severely injured as they transitioned home through a program known as Heroes to Hometowns. This program embodies The American Legion's long standing history of caring for those "* * * who have borne the battle * * *" and their families.

Heroes to Hometowns is designed to welcome home servicemembers who no longer serve in the military. The American public's strong support for our troops is especially evident in their willingness to help servicemembers who are severely injured

in the war, and their ever-supportive families, as they transition from the hospital environment and return to civilian life. Heroes to Hometowns is a program that focuses on reintegration back into the community, with networks established at the national and state levels to better identify the extraordinary needs of returning families before they return home and with the local community to coordinate government and non-government resources as necessary for as long as needed.

There are three charter members in each State's Heroes to Hometowns Executive Committee, each uniquely able to contribute to overall support with the ability to tap into their national, state, and local support systems to provide essential links to government, corporate, and non-profit resources at all levels and to garner the all important hometown support.

State Heroes to Hometowns Committees are the link between the Military Treatment Facilities and the community. The charter members consist of the State Office of Veterans Affairs, the State Transition Assistance Office and the State's veterans community represented by The American Legion. Heroes to Hometowns is a collaborative effort and The American Legion leads communities in preparation to support returning servicemember in areas such as:

Financial assistance;
Finding suitable homes and adapting as needed;
Home and vehicle repairs;
Transportation for veterans to medical appointments;
Employment and educational assistance;
Child care support;
Arrange "welcome home" celebrations; and,
Sports and recreation opportunities.

When a transitioning veteran requests assistance via a web-form or brochure available through The American Legion, the veteran's contact information is shared with the State Executive Committee. The American Legion State offices refer the veteran's request to the local Post, which connects with the veteran to provide assistance. The American Legion focuses on those needs not provided by Federal and state agencies.

To assist in the coordination of community resources, The American Legion supports OSD's Military Homefront Online Support Network for military personnel and community organizations to connect and collaborate. Located at www.homefrontconnections.mhf.dod.mil, this online network is dedicated to citizens and organizations that support America's service men and women. Through the support network, veterans can easily identify and quickly connect with national, state and community support programs.

In 2007, the Heroes to Hometowns program expanded its vision to include all transitioning servicemembers, to include the underserved National Guard and Reserve components. Currently, the National Guard and Reserve do not have mandated TAP briefings when demobilizing. This hard-to-reach population primarily lives in rural America, disconnected from the traditional services provided by DOD or VA. The American Legion, with its 2.7 million members and 14,000 posts, reaches into these rural communities conveying a consistent message of strong support for America's military personnel; the veteran who return home; care for the veteran's family; and a patriotic pride in America. With the Heroes to Hometowns program, The American Legion reaches out to provide support long after the deployment is over.

Department of Veterans Affairs Voluntary Service (VAVS) Program

The American Legion is a staunch supporter of VA's Voluntary Service (VAVS) program. In Fiscal Year 2007, some 7,527 regularly scheduled Legionnaires volunteered 909,137 hours at 167 VA facilities. Legionnaires volunteer at VA medical centers (VAMCs), Community-Based Outpatient Clinics, Vet Centers, and many other locations in support of hospitalized veterans.

The American Legion recently entered into a pilot program with VA in creating Heroes to Hometowns VA Volunteer Coordinators at 10 VAMCs. These coordinators will work with the VAMC Social Work offices and identify transitioning servicemembers' needs with community resources. Currently, The American Legion is working with the VAVS program to increase the level of community support at VAMCs. By providing volunteer outreach training and resources to support a sustained outreach program, The American Legion is working to prepare the American Homefront for the return of our fighting men and women.

Department of Veterans Affairs OEF/OIF Welcome Home Celebration

The American Legion is an active participant in the annual OIF/OEF "Welcome Home" Celebration Event held at VAMCs nationwide. This event is designed to pro-

vide outreach services and offer valuable information, education and support to transitioning servicemembers and their families. Legionnaires answer questions about veterans' benefits, filing claims and military discharge review requests. Here in Washington, DC, during the Welcome Home event held at the DC VAMC, medical staff enrolled transitioning Marines into the VA medical system for their five years of free medical services, while community volunteers provided an environment of support with live music, food and valuable information about veterans' benefits and local community resources.

The American Legion Magazine

The American Legion uses a multimedia approach to its outreach. The American Legion Magazine has historically provided valuable and timely information on the issues facing America's veterans. This tradition is carried on into the 21st Century via The American Legion Web site, www.legion.org, a hub for information, resources and specific points of contact for local assistance. A full library of informative brochures outline the leading issues facing America's veterans today to the furthest reaches of the American landscape. At any point, a transitioning veteran may receive assistance from The American Legion via informational brochures, printed media, web-based request forms, a 1–800 call center, state veterans' service officers and most importantly, the local American Legion post.

The American Legion Local Post

The American Legion Post is important in providing direct outreach as it provides a common meeting place for veterans and their families. The local Post may be the first place a veteran stops when returning home. It may be the first place where the community as a whole thanks a returning veteran for their service and sacrifice.

Department of Virginia American Legion Post 270 is a leading example of the support provided by The American Legion family. Each year the food manufacturer "Newman's Own" awards financial grants to organizations that support the military. In 2004, Post 270 was awarded the Newman's Own "Best Volunteer Program in the Country Supporting Our Active Duty Military and their Families" for the post's outreach to Walter Reed Army Medical Center (WRAMC). All across America, American Legion Posts have partnered with businesses to assist returning veterans find gainful employment. Most notably, The American Legion has partnered with Military.com and Recruit Military on veteran-targeted job fairs.

Within the past month, The American Legion worked with WRAMC to host a career and benefits fair for the injured servicemembers in outpatient care. Employers, many veterans themselves, meet with injured servicemembers and their supporting family member in a relaxed atmosphere. Servicemembers and family members were able to have dinner and meet with employers from all across the Nation.

The American Legion works closely with DOD, VA and the Department of Labor (DOL) to assist transitioning veterans in accessing their benefits and resources in order to reach their fullest potential, regardless of location or disabilities. The American Legion believes that more emphasis should be placed on Heroes to Hometowns and programs that allow transparency within the government and utilizes the established resources with communities to fulfill the unmet needs of transitioning servicemembers. The American Legion has a proud history of securing and protecting the earned benefits of America's veterans. The American Legion stands ready to continue this legacy today by caring for those veterans returning from the current conflicts.

The American Legion's departments and posts are in constant communication with their respective National Guard and Reserve units, nearest deployment posts, TAPs programs, and Standown hosts to ensure veterans have received or are receiving information and guidance on various issues that affects their concerns. In addition, The American Legion also informs these veterans of PDRHA times and locations to ensure these veterans and servicemembers aren't falling through the cracks.

WOMEN VETERANS

Question 6. VA has said that sufficient programs and funding already exist to care for women veterans. What would you point to as specific problems or shortfalls with respect to women veterans and what do you recommend that the Committee do to address these concerns?

Response. The issue of continuum of care remains a major issue among this Nation's women veterans. In addition, for those women veterans who suffer from Military Sexual Trauma (MST) and are apprehensive about going to their local VA medical centers, they (mainly by word of mouth) resort to the comfort of the Vet Center only to find that the Vet Center doesn't have a qualified MST counselor to accommodate the veteran. Consequently, there is a problem providing MST counselors to

those suffering from MST. Although there is the challenge of providing adequate counseling to men suffering from MST, the additional challenge for women veterans is their adamant desire for anonymity. One remedy would be to have clinics with separate entrances for men and women veterans and more female counselors.

PAPERWORK

Question 7. What is your organization's opinion of VA's expanded paperwork protection policy that came about as a result of the Inspector General's audit which found that VA regional office personnel had mishandled some claims documents—is VA's new policy on shredding appropriate?

Response. The American Legion is pleased that VA took quick and decisive action to address this situation. However, there are concerns that the measures put in place are "overkill" and actually hinder the regional office employee's efficiency and productivity. The American Legion's Quality Review Team will be closely monitoring the impact of this new policy during our regional office site visits and will be in a better position to answer this question in more detail later this year. Furthermore, VA should not be destroying a veteran's evidence. VA currently has regulations that allow VA to return duplicate information to the veteran and it should do so, rather than spend the staff time and money to shred evidence than at some future point in time might be relevant to the veteran's claim.

STIMULUS

Question 8. The Senate stimulus package includes appropriations for VA, especially $3.7 billion included for VA infrastructure projects. What are your views?

Response. We believe that VA should strive to award contracts to veteran-owned and service-disabled veteran-owned small businesses and that veterans should be employed to perform this work to the maximum extent possible and the Congress should oversee the expenditures of these funds to ensure these goals.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. BERNARD SANDERS TO DEAN STOLINE, ASSISTANT DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION

EXTENDED AND DIFFERENT HOURS FOR VA SERVICES

As I mentioned in my opening remarks, I have heard from many veterans who want to get to the VA for care but they can't make it because of work. I believe we need to increase accessibility of the VA to all types of veterans, including those with full-time jobs, by providing evening and weekend hours so that people won't have to choose between going to work and keeping a VA appointment. This could also help reduce missed appointments which waste time and resources of VA staff. My office is currently exploring what kind of authority VA needs to begin providing extended hours on a one night a week and one weekend day a week basis, possibly in the form of a pilot program.

Question. What do members of the panel think about this idea?

Response. The VA implemented the Advanced Clinic Access (ACA) to prevent long delays in providing care throughout the Medical Center; alleviating the wait list was accomplished by conducting evening and weekend clinics. It is The American Legion's contention that the same could be done to accommodate those who work hours not conducive to VA's regular hours.

Chairman AKAKA. Thank you very much, Mr. Stoline.

Now we will hear from Mr. Atizado.

STATEMENT OF ADRIAN M. ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. ATIZADO. Mr. Chairman, Ranking Burr and other Members of the Committee, thank you for inviting the DAV to testify at this important hearing and to listen to our priorities for the 111th Congress. We do appreciate your consideration as you prepare your legislative agenda.

Our priorities include VA health care funding reform, disability compensation improvements, family caregiver support services, women veterans' health care, Traumatic Brain Injury, and mental

health care and substance use disorders. For the sake of brevity, I will highlight only our recommendations and refer you to my written testimony for further details.

On VA health care funding reform, the DAV thanks Chairman Akaka and the eight co-sponsors for introducing in the 110th Congress the Veterans' Health Care Budget Reform Act which received bipartisan support to achieve sufficient, timely and predictable veterans' health care funding. This bill would allow Congress to fund VA health care 1 year in advance and address transparency in VA's internal budget process. Advanced appropriation retains full Congressional discretion to set funding levels and Congress' ability to provide strong oversight over VA programs, services and policies.

We look forward to its reintroduction and passage in the 111th Congress.

To improve VA's disability claims process, the cumbersome and lengthy administrative claims and appeals process can be streamlined by eliminating redundancies and creating an integrated electronic claims process. Training, quality assurance and accountability changes must be approached in that order while resisting hasty broad-brush approaches. Sir, our broad view is that VA should empower personnel with expertise to manage and reduce the claims backlog without eroding decades of progress.

In the same vein, disabled servicemembers should have a seamless transition primarily by restructuring the substandard military disability evaluation system.

For family caregivers and support services: Just as severely disabled veterans face daunting and lifelong challenges, so do their family caregivers who help maintain a veteran's quality-of-life and independence as they live in the community. While this role can exact a high cost on family caregivers, they seldom receive sufficient support services or financial assistance. In addition to psychosocial support services, VA should conduct individual needs assessment on family caregivers of severely disabled veterans as well as conduct a periodic national survey for planning and policy purposes.

Women veterans' health care: To address existing health disparities, legislation is needed to ensure women veterans' health programs are properly assessed and enhanced so that access, quality, safety, and satisfaction with care is equal for women and men. VA should improve its ability to assess and treat women who have experienced combat or military sexual trauma and increase the use of gender-specific evidence-based treatments. Also, we believe VA should receive the resources to have at least one provider with women's health expertise in each VA medical center.

Traumatic Brain Injury or TBI is the signature injury to Iraq and Afghanistan war veterans, which can cause devastating and often debilitating and permanent damage. An increase in DOD and VA specialists with TBI expertise is needed, just as more research is needed to sustain the emerging evidence base for TBI. And while mild to moderate TBI can be much harder to diagnose, which often leads to lasting physical and psychological problems, proper screening and personalized recovery plans are essential to detect and treat TBI.

Mental health care and substance abuse disorder: Although VA has improved its programs in recent years, the scope of care provided and its distribution across VA does not meet the needs of veterans. Studies looking at the trends of mental health and substance use disorders in Iraq and Afghanistan war veterans drive the need to ensure access to and make available robust services. Programs that integrate the best research evidence, clinical expertise and patient needs are critical to avoid long-term health consequences.

The DAV thanks this Committee for its efforts last Congress in passing the Veterans Mental Health and Other Care Improvements Act of 2008, now Public Law 110–387.

In conclusion, Mr. Chairman, we would like to thank you as well as Senators Durbin and Murray for introducing S. 252, the Veterans' Health Care Authorization Act of 2009. This bill, drawn in large part from a staff conference package based on S. 2969, the Senate bill in the 110th, contains many provisions that address our concerns I outlined herein.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you or this Committee may have.

[The prepared statement of Mr. Atizado follows:]

PREPARED STATEMENT OF ADRIAN ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. Chairman, Ranking Member Burr and other Members of the Committee: Thank you for inviting the Disabled American Veterans (DAV) to testify at this important hearing of the Committee on Veterans' Affairs. DAV is an organization of 1.3 million service-disabled veterans, and devotes its energies to rebuilding the lives of disabled veterans and their families.

As you may be aware, our DAV advocacy campaign, Stand Up For Veterans, is well underway. Its purpose is to generate greater public understanding and build support for changes in veterans' health care programs, benefits, and services for all the men and women injured or disabled in service to the Nation, including those from the wars in Iraq and Afghanistan, as well as those from prior eras and conflicts. In this effort, our campaign focuses our organization's priorities which we hope this Committee will consider as it prepares its legislative agenda for the 111th Congress:

- VA Health Care Funding Reform
- Disability Compensation Improvements
- Family Caregiver Support and Services
- Women Veterans Health Care
- Traumatic Brain Injury
- Mental Health Care and Substance-use Disorder

VA HEALTH CARE FUNDING REFORM

While great strides have been made in Congress to increase the level of Department of Veterans Affairs (VA) health care funding during the past several years, there is a long history of significant delays in receiving those funds. Notwithstanding notable improvements in the past two years, VA has received its annual funding for veterans' health care late in 19 of the past 22 years. Unlike Medicare or Medicaid, the VA must rely on Congress and the President to pass a new appropriations law each year to provide VA hospitals and clinics with the funding they need to treat sick and disabled veterans.

Due to the late and unpredictable budget process, VA is increasingly challenged to properly treat the physical and mental scars of war for all veterans needing care. Further, not knowing when or at what level VA will receive funding from year to year—or whether Congress will approve or oppose the Administration's proposals—hinders the ability of VA officials to efficiently plan and responsibly manage VA health care.

Broken financing causes unnecessary delays and backlogs in the system: hiring key staff is put off, or just not done, while injuries like PTSD or TBI are too often

not diagnosed or treated in a timely manner. Since 2001, the number of VA patients has grown by two million—a 50 percent increase—and our newest generation of veterans has increasingly complex mental and physical health care needs that will require a lifetime of care. Moreover, a 2007 report by the VA's Office of Inspector General concluded that 27% of the injured veterans seeking treatment at VA facilities had to wait more than 30 days for their appointments.

For the past decade, the DAV and its allies in the Partnership for Veterans Health Care Budget Reform—a coalition of nine veterans service organizations with a combined membership of eight million veterans—have sought to fundamentally change the way veterans health care is funded. While mandatory funding has been the focus over the past several years, the Partnership helped develop and fully endorsed S. 3527, the Veterans Health Care Budget Reform Act, introduced in the 110th Congress. This legislation has also been endorsed by The Military Coalition, comprised of 35 organizations representing more than 5.5 million members of the uniformed services—active, reserve, retired, survivors, veterans—and their families. The DAV thanks the Chairman of this Committee and his eight co-sponsors for introducing this measure which received bipartisan support and has been endorsed by then President-elect Obama and [the recently confirmed] VA Secretary Eric Shinseki.

We believe this legislation proposes a reasonable alternative to achieve the same goals as mandatory funding, by authorizing Congress to appropriate funding for veterans' health care one year in advance and adding transparency to VA's internal budget process. With the goal of ensuring sufficient, timely, and predictable veterans health care funding through advance appropriations, Congress retains full discretion to set funding levels for each fiscal year, and the legislation does not eliminate, reduce or diminish Congress' ability to provide strong oversight over VA programs, services and policies.

Introduction and passage of the Veterans Health Care Budget Reform Act in the 111th Congress would address DAV's highest priority in VA health care.

IMPROVING VA DISABILITY CLAIMS PROCESS

The Department of Veterans Affairs (VA) disability claims process is a complex and burdensome system whose timeliness has declined in recent years to unacceptable levels, resulting in more than 800,000 backlogged claims. The complexity of this challenge ensures that there is no "magic bullet" solution capable of quickly resolving the claims backlog. Our broad view is that it is imperative that VA empower personnel with exceptional knowledge of current processes to manage and reduce the claims backlog without eroding decades of progress. The DAV believes the cumbersome and lengthy administrative claims and appeals process can be streamlined (1) by merging and eliminating redundancies within the benefits delivery system, and (2) integrating its electronic framework into a single, state-of-the-art information system to create, as much as practical, a new electronic claims process.

Another reality intertwined with the foregoing is that the quality assurance and training programs in use by the Veterans Benefits Administration are inadequate as tools to sample the validity of decisions on claims. The VA must fundamentally change its quality assurance/accountability systems and training programs in order to successfully reform the compensation system. However, the underlying challenge here is that it must do so without significant infrastructure changes.

Similar to the claims process itself, the Veterans Benefits Administration's (VBA) training programs are plagued by a lack of accountability that perpetuates VA's inability to produce accurate and equitable decisions on claims. Training, quality assurance, and accountability changes must be approached in that order, while VBA resists hasty broad-brush approaches. Subject matter experts from all corners of the veterans' benefits arena should collaborate toward one goal—improve training in order to improve rating quality, and hold employees accountable in order to assure a quality product.

Military personnel injured on active duty have been hamstrung with a Department of Defense (DOD) disability evaluation system that discharges them from active duty with unacceptable variances in disability ratings. These outcomes are the result of the current system which is unmanageable and inconsistent. The problem has been a focus of veterans service organizations for a substantial period of time and our observations were validated by the Veterans' Disability Benefits Commission which was chartered by the National Defense Authorization Act of 2004. In its review, the commission found for example that the Army is less likely than other military groups to assign a disability rating of 30% or more, the cutoff for a person to receive lifetime retirement payments and health care. The Pentagon has a strong

incentive to assign ratings of less than 30% so the Services can avoid paying higher disability benefits.

The military announced on November 7, 2008 an expansion of the Disability Evaluation System Pilot with all military services now taking part in a follow-on of the National Capitol Region test program. Now wounded servicemembers leaving the military may have easier, quicker access to their veterans' benefits under this expanded pilot program that will offer streamlined disability evaluations. That is, provided they are of the fortunate few assigned to one of the 19 military installations. The initial phase of the expansion started on October 1, at Fort Meade, Maryland and Fort Belvoir, Virginia. The remaining 17 installations will begin upon completion of site preparations and personnel orientation and training, during an eight-month period from November 2008 to May 2009.

Although the Disability Evaluation System Pilot is a notable improvement, its productivity pace was slow with only 700 servicemembers who participated in the pilot having their cases finalized over a ten-month period. The issues that hinder the timely resolution of disability claims by the VA for veterans are the same as those for active duty servicemembers transitioning to veteran status.

FAMILY CAREGIVERS SUPPORT AND SERVICES

The nature, prevalence, and degree of injuries that veterans of Operations Enduring and Iraqi Freedom (OEF/OIF) are sometimes so severe that family members, whose lives and livelihoods have been interrupted to care for their loved ones, need increased Federal support and assistance.

They face daunting and life-long challenges. Often, they must drop everything to be at the bedside and take care of the physical and mental injuries of their sons, daughters, spouses, or parents. They must deal with a complex system of overlapping and changing support programs which poses a great challenge for family caregivers to understand and navigate, too often resulting in a state of confusion for the caregiver.

Once severely disabled veterans return home, their family caregivers provide the needed support to maintain the veteran's quality of life and independence while living in their community. Even though it is widely recognized that informal caregiving can delay or avoid institutionalization of the veteran, caring for a severely disabled veteran exacts a high cost on family caregivers. They often shoulder physical burdens, mental strain, and psychosocial challenges as a result of their caregiving responsibilities. They face the disruption and change of their family's life, withdrawal from school or loss of employment and employer-based benefits, often sacrificing their own health, well-being, and economic future in order to care for a loved one.

Although close family members are often willing to bear the burden of being primary caregivers for severely disabled veterans—thus relieving VA of that obligation or the cost of institutionalization—they seldom receive sufficient support services or financial assistance from the government.

The DAV believes these informal caregivers should receive a comprehensive array of support services, to include respite care, financial compensation, vocational counseling, basic health care, relationship, marriage and family counseling, and mental health care to address the multiple burdens they face. Among other things, a "Caregiver Toolkit" should be provided to family caregivers, to include a concise "recovery roadmap" to assist families in understanding and maneuvering through the complex systems of care and Federal, state, and local resources available to them. Moreover, policymaking and planning to better serve family caregivers of severely injured veterans should include statistically representative data from a periodic national survey and individual assessments of family caregivers of severely injured and disabled veterans. By supporting the caregiver, we support the disabled veteran.

WOMEN VETERANS HEALTH CARE

Although women have historically been a very small percentage of patients in the VA health care system, VA estimates that the number of women using VA health care services will double in less than five years if the current enrollment rate continues. In addition, of the more than 102,000 women who have served and separated from military deployment in Iraq and Afghanistan, over 48,000 have already received health care from VA. With an unprecedented and increasing number of women in the military and serving in Iraq and Afghanistan, VA is challenged to provide consistent, comprehensive, quality health care services to women veterans today and in the future.

Women returning from combat theaters have unique physical and mental health care needs. More women servicemembers are being exposed to combat situations,

have experienced sexual trauma during military service, and need specialized post-deployment and mental health care services. The increasing demand for services and changing demographics of this population, coupled with the need to have more clinicians with women's health expertise, will challenge VA resources and service delivery systems.

According to VA's own data, women veterans receive lower quality health care than men and do not consistently receive the recommended health care services to meet current VA standards. Unfortunately, VA has moved away from comprehensive women's health clinics in recent years, favoring a health services model that is fragmented and fails to adequately address the comprehensive needs of women veterans. It is critical that women veterans gain access to high quality primary and gender-specific care, as well as mental health services from qualified clinicians.

Legislation is needed to ensure women veterans' health programs are properly assessed and enhanced so that access, quality, safety, and satisfaction with care are equal for women and men. To improve quality and reduce disparities in health care services for women receiving VA care, the Department should conduct a comprehensive long-term, longitudinal study on the unique health challenges facing women veterans who have served in combat theatres.

VA must also redesign its women veterans care delivery model and establish an integrated system of health care delivery that covers a comprehensive continuum of care and serves as a best practice in the field. To accomplish this, VA should:

• Identify and implement the best clinical models of care to meet the comprehensive health care needs of women veterans using the VA health care system;

• Improve its ability to assess and treat women who have experienced combat and/or military sexual trauma; and increase the use of gender specific, evidence-based treatments; and

• Receive sufficient resources to have at least one provider with women's health care expertise on duty at every VA medical facility.

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI), a common injury to OEF/OIF veterans, can cause devastating and often permanent damage. Even mild-to-moderate TBI, which can be much harder to diagnose, will often lead to lasting physical and psychological problems. In addition, many OEF/OIF veterans have suffered "mild"—but pathologically significant—brain injuries that have gone undiagnosed and largely untreated. Behavioral problems, memory loss, disruptive acts, depression and substance-use disorder are common symptoms associated with TBI.

According to a RAND study released in April 2008, 19 percent of returning OEF/OIF servicemembers report possible TBI. The RAND study estimated that over 300,000 servicemembers had experienced TBI, but only 44 percent of these had been evaluated by a physician. Veterans with TBI often have difficulty communicating their health status or seeking proper assistance. Complicating this situation, many rural veterans are unable or unwilling to overcome the barrier of distance to reach the nearest VA medical facility.

In order to detect and treat TBI, proper screening and personalized recovery plans are essential, particularly for those cases that are mild-to-moderate in severity. There is also a need to increase DOD and VA specialists with TBI expertise to assist in identifying and managing the complex conditions prevalent in this population. To date, DOD lacks a system-wide approach for identification, management, and surveillance of individuals who sustain mild-to-moderate TBI in combat, and VA programs addressing the needs of servicemembers with mild-to-moderate TBI have not been fully developed or implemented.

More research is necessary to understand the long-term consequences of TBI, as well as the development of best practices in treating these injuries. These studies should also focus on older veterans who may have suffered these injuries in earlier wars, detect mild-to-moderate cases of TBI, and study their consequences. With Congressional oversight, we are hopeful that these needs will be met by the Defense and Veterans Brain Injury Center, one of the Defense Centers of Excellence, whose mission is to serve active duty military, their dependents and veterans with TBI through state-of-the-art medical care, innovative clinical research initiatives, and educational programs. In addition, we believe that a VA Central Office-based TBI program should be established which would be an effective means of organizing and improving VA's responsiveness to veterans with TBI.

MENTAL HEALTH CARE

According to VA, as of August 2008, over 945,000 OEF/OIF servicemembers have separated from military service. Of those, over 400,000 OEF/OIF veterans have

sought VA health care since 2002, and over 178,483 have received a diagnosis of a possible mental health disorder. Within that group, 105,465 have been given a probable diagnosis of Post Traumatic Stress Disorder (PTSD).

The above-mentioned 2008 RAND study estimated that approximately 300,000 OEF/OIF veterans had symptoms of PTSD or major depression with the best predictor for these conditions being exposure to combat trauma during deployment. Further, the report stated 53 percent of servicemembers with PTSD or depression sought help from a provider, but that 50 percent of those who sought care received minimally adequate treatment.

Current research strongly suggests that PTSD can be treated successfully with appropriate therapies and evidence-based treatments. Although VA has improved its mental health programs in recent years, the scope of care provided, and its distribution across the 1,400 existing VA sites of health care does not meet the needs of veterans with post-deployment PTSD, depression, and co-morbid substance use disorders. VA's National Mental Health Strategic Plan also reveals systematic shortfalls in veterans' access, and documents gaps in scope and quality of VA behavioral health programs nationwide.

Congress should continue to oversee implementation of the VA's National Mental Health Strategic Plan and its Uniform Mental Health Services initiative. Frequent reports to document progress should be made to Congressional committees, consumer councils, veterans' service organizations including DAV, and to VA's Committee on Care of Veterans with Serious Mental Illness.

VA should reformulate its approach to mental health to focus on recovery consistent with the principles of the New Freedom Commission on Mental Health, and VA should fully implement the recommendation of the Institute of Medicine to embrace these recovery therapies, while furthering research in PTSD, including research in improved screening methodologies and stigma reduction techniques.

SUBSTANCE-USE DISORDER

Substance-use disorders are occurring at high rates among OEF/OIF veterans, based on converging evidence from studies of active duty personnel and recently discharged veterans. Studies of returning reservists and active duty members indicate that approximately one quarter acknowledge an alcohol problem. Rates are higher for those with multiple deployments, a growing cohort as the war continues. This is consistent with national studies that find rates of substance use twice as high among those exposed to serious stress.

Substance use occurs on a continuum ranging from non-problematic use to hazardous/harmful misuse to abuse to full dependence. For many of these OEF/OIF veterans their alcohol misuse or abuse is new. Binge drinking and citations for driving under the influence (DUI) are characteristic of misuse and abuse in this age population. Many of these veterans could benefit from short-term and early interventions, such as motivational counseling, which have proven their efficacy.

Recent surveys of OEF/OIF veterans returning from deployment have found increasing incidence of alcohol and other substance misuse in this population. In an anonymous study of active duty personnel by the DOD, 23 percent of respondents acknowledged having a significant alcohol problem. Also, an Army study of soldiers serving in Iraq concluded that while about 12 percent of soldiers reported alcohol misuse, only 0.2 percent were referred for treatment. Of those referred, only a small number received care within 90 days of screening.

Over the past decade, VA's substance use disorder treatment and rehabilitation services have been in decline. Only recently has VA begun to re-evaluate, rebuild and expand these specialized programs and to coordinate these services to address post-deployment mental health co-morbidities. Currently VA substance abuse treatment programs are targeted to veterans with severe substance abuse or dependence. Short-term interventions specifically targeted to veterans with hazardous or harmful levels of use or early abuse are generally not available.

VA should focus intensive efforts to improve and increase early intervention and prevention of substance-use disorder in the veteran population. Ready access to robust mental health and substance-use treatment programs are critical to avoiding long-term health consequences post-deployment. VA must also continue moving forward with a Uniform Mental Health Services policy initiative that includes proper screening and access to a full continuum of care for substance-use disorders at all VA facilities. While some progress has been made, the pace needs to increase.

The DAV thanks this Committee for its efforts last Congress in passing S. 2162, the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110–387). This act, supported by DAV, requires VA to provide a full continuum of care for substance-use disorders, including consistent and universal periodic screen-

ing in all its health-care facilities and programs involving OEF/OIF combat veterans—especially those in primary care. Congress must provide strong oversight and VA should aggressively enforce and implement these specialized programs, and ensure that sufficient funding is made available to achieve these goals.

DAV has been pleased by Congressional responsiveness to many of the proposals emanating from our Stand Up For Veterans campaign that we have shared and discussed with Members of this Committee, your staff, and others in Congress. We thank the Chairman for introducing S. 252, the Veterans Health Care Authorization Act of 2009. This bill, drawn in large part from a staff conference package based on S. 2969 of the 110th Congress, contains many provisions that would address our priorities and concerns. We urge its passage early in this Congress.

Mr. Chairman, this concludes my statement and I would be happy to answer questions on these issues from you or other Members of the Committee.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. DANIEL K. AKAKA TO ADRIAN M. ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

PTSD

Just this morning, the VA Inspector General issued a report on the Temple, Texas situation. Many will recall that a psychologist at that facility wrote a strangely worded email which set off a firestorm of concern for those who are suffering from PTSD. In a word, the IG found no systemic effort on the part of VA to reduce the number of PTSD claims via inappropriate diagnosis.

Question 1. Is it your view that mental health issues, and particularly PTSD, are receiving appropriate attention, in terms of both compensation and care?

Response.

Compensation:

The VBA recently improved/updated the Rating Schedule criteria for Traumatic Brain Injury (TBI), which was long overdue. We mention this because of the interplay between TBI and mental health disability. It therefore follows that the next logical step is to update the actual mental health rating criteria for PTSD, which we understand VBA to be undertaking. These moves by the Administration indeed show a proactive, albeit slow, approach to implementing changes that are vital to ensuring this generation's servicemembers receive compensation commensurate with their disabilities and their resulting limitations.

With regards to obtaining service connection for PTSD, VBA still requires a veteran to show combat exposure via official military records, except in certain circumstances, such as diagnosis during service. For many veterans, this remains a virtual impossibility because of poor military record keeping, poor Department of Veterans Affairs (VA) claims' development procedures, or both. As VBA updates its rating criteria to incorporate 21st century understanding of disabilities, it too must update its ability, whether through application or through presumption, to determine who is and is not considered a combat veteran. We raise this issue in part to bring attention to the demoralizing reality of, following combat with the enemy, VA denying compensation to a veteran suffering from the debilitating effects of PTSD because his/her government refuses to accept that he/she actually saw combat with the enemy.

Care:

Based on VA's quarterly report on VA health care utilization by veterans from the wars in Iraq and Afghanistan, the number of VA's possible diagnoses of PTSD has risen over the past seven years and at a greater rate of increase between each of the quarterly reports. Such trends allow VA to better determine the demand for health care services in the future.

VA has undertaken a monumental transformation of its programs and services to focus on recovery from mental health conditions and post-deployment readjustment issues and is under tremendous pressure to ensure implementation of the VA Mental Health Strategic Plan (MHSP) and Uniformed Mental Health Services (UMHS) package.

Although the DAV is pleased about VA's UMHS initiative, we are extremely concerned about the estimated timeline, resources and staffing levels necessary to establish and freely implement the initiative. There are many features of the UMHS package that require transformations, such as recovery-oriented care that clinicians believe will take years to accomplish. With a national shortage of behavioral health

personnel, we continue to hear reports from mental health practitioners in the field that the difficulty of recruiting and retaining behavioral health staff is a major contributing factor to the delay in spending mental health funding.

Furthermore, VA has been a leader in research on efficacious interventions for severe PTSD, but, as documented in a November 2007, Institute of Medicine (IOM) report titled Gulf War and Health: Volume 6 Physiologic, Psychologic, and Psychosocial Effects of Deployment Related Stress, these effective approaches are complex, expensive, and time consuming. Prolonged exposure therapy, an intensive specialized counseling treatment, was highlighted in the IOM report as being one of the few proven effective treatments supported by evidence-based research studies. The DAV is concerned that VA does not currently have the capacity to deliver intensive exposure therapy.

We urge Congress to provide concentrated oversight of spending on mental health services and require VA to provide a full accounting and breakdown of resource allocation, distribution and outcomes of the initiative goals. Oversight of these programs will be critical to their success.

The DAV believes we too must do our part of oversight as veterans' advocates. We believe the current advisory committee (the Committee on Care of Veterans with Serious Mental Illness Liaison Council) should be re-designated as a Secretary-level committee on mental health, armed with independent reporting responsibility to Congress. With the critical new focus on recovery moving away from the paternalistic doctor patient relationship toward the patient being a partner in determining the goals and the interventions necessary to achieve recovery, the DAV believes it is critical to develop recovery partnerships between VA planners, managers, clinicians, and the veteran users themselves. The new committee should include experts from both inside and outside VA; veteran consumers and consumer advocates, such as veterans service organizations (including the IBVSOs); and mental health associations concerned about VA programs and the veterans they serve.

COLLABORATION ON THE ISSUES

Question 2. How can your organizations collaborate to address the concerns of those who veterans who are returning after service in Iraq and Afghanistan?

Response. As a coauthor of *The Independent Budget* (IB), the DAV contributed to several articles within the document addressing the specific needs and concerns of veterans returning from the wars in Iraq and Afghanistan. The DAV is also one of nine veterans service organizations that constitute the Partnership for Veterans Health Care Budget Reform. Recognizing that a change is necessary to ensure that all eligible veterans—including those injured in Iraq, Afghanistan and elsewhere—have timely access to the quality medical care they need and deserve. The Partnership supports legislation in Congress that guarantees sufficient, timely and predictable funding for veterans health care.

VBA STAFFING

In light of the increased funding for VBA staffing, there are high expectations that VBA will improve the quality of claims decisions, and to do so in a timely manner.

Question 3. What more do you believe Congress could do to assist in decreasing the backlog, and at the same time, improving timeliness and accuracy?

Response. In the past couple of years, Congress has provided a level of VBA funding that has allowed the VA to finally hire what will hopefully prove to be a sufficient number of claims adjudicators. However, training and experience both take time. It would be unwise to remain idle during this interim. Congress must do its part to ensure that VBA now has the best tools possible to assist both new and seasoned employees in carrying out the mission of providing timely and accurate decisions on benefits claims.

In order to meet this goal, the claims' processing system must become more efficient, but not at the expense of current benefits or fundamental rights provided by a grateful Nation. The DAV does not believe such sacrifices are necessary. Congress should seek the expertise of those that understand the benefits delivery system, whether inside or outside the agency. Together with these chosen experts, Congress and the agency should formulate a plan that will maximize every opportunity for the efficient administration of the claims process while seeking to enhance training and accountability without disrupting that process. Simultaneously, the agency should begin phase-in of new information systems that will allow for partial electronic claims processing.

If Congress and the VBA can merge these goals into a comprehensive and cohesive plan, we believe the veterans' community is ready to lend its support as well so that all may enjoy a claims process worthy of the sacrifices of those it serves.

OIF/OEF ILLNESSES

The Committee and, indeed, the full Congress, has focused a great deal of attention on mental health and TBI matters. Yet, the most common health condition of returning OEF/OIF veterans is not TBI or mental illness, but instead muscle and joint pain.

Question 4. Do you have proposals on how to focus on this number one health concern from those who have served in Iraq and Afghanistan?

Response. To be battle-ready, soldiers deployed to Afghanistan and Iraq carry, on average, a combat load of about 92.6 lbs (13 lbs for electronics, 55 lbs for Uniform and Equipment, 24 lbs for the Weapon) but can often carry 120 pounds or more including body armor, helmets, canteens, weapons and other gear that soldiers strap in addition to the "monster rucksack."

For purposes of prevention against the natural rigors of military service, the DAV believes much work has been done and is currently underway to address the weight distribution and burden of the foot soldier to decrease the potential work-related musculoskeletal injuries. For example, weight reduction and function improvement in products include: Lightweight Helmets (Marines)/Modular Integrated Communication Helmet (Army). Both have about a 40 percent improvement in impact protection, increased durability and ergonomics, and a half-pound reduction. The Improved Load Bearing Equipment (Marines), or rucksack, weighs 8.43 pounds and can hold up to 120 pounds and like the Army's Modular Lightweight Load-carrying Equipment, both systems are an improvement in load-carrying ability, with new suspension systems that are adjustable for varying torso lengths and better weight distribution at the shoulders and hips. The Modular Tactical Vest (Marines) weighs 1–2 lbs more than the decade-old Interceptor body armor, but offers more protection with the side armor, and several other additions, and is designed to more effectively distribute its weight throughout the wearer's torso. The Army's Interceptor Outer Tactical Vest is more than 3 pounds lighter than its predecessor, but provides an equal level of protection over an increased area. Other improvements have been made to individual equipment such as the Modular Sleep System which weighed less than its predecessor and a replacement with an Improved Sleeping System is underway.

Body armor, rapid transport, and other life saving inventions have exponentially improved survival and care for soldiers during the wars in Iraq and Afghanistan. However, the treatment of their pain during medical transit from battlefield to combat hospitals is still often treated only with morphine which can cause side effects such as nausea, vomiting and respiratory depression, which are not experienced with the use of regional anesthesia. We believe that the innovative work being conducted by Army Lt. Col. (Dr.) Chester C. Buckenmaier III, chief of the regional anesthesia section at Washington's Walter Reed Army Medical Center (WRAMC) warrants the Committee's attention.

Regional anesthesia affects a specific part of the body and allows for a patient to remain mostly cognizant during an operation, whereas general anesthesia affects the entire body. Patients that undergo regional anesthesia are found to have a quicker recovery time after surgery than those that undergo general anesthesia because they are not completely sedated, and they do not suffer the negative side effects of general anesthesia. Using a type of regional anesthesia called continuous peripheral nerve block (CPNB) is considered by experts as an important therapeutic tool in the anaesthetic and analgesic management of combat casualties at WRAMC.

Lt. Col. Buckenmaier moved CPNB closer to the battlefield (21st Combat Support Hospital in Balad, Iraq) where he performed the first successful application of CPNB for pain management on SPC Brian Wilhelm in theater through evacuation. Expanding this program would require more physicians and CRNAs in the Army with the necessary training in advanced regional anesthesia.

It is clear that the use of regional anesthesia such as CPNB is not meant as a primary anesthetic for every situation and it is not meant as a total replacement for the use of general anesthesia. However, benefits to the patient in the immediate are apparent. Research shows early and effective pain management in acute pain care is important to prevent the development of chronic painful conditions.

In the VA, a recent study of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) servicemembers receiving treatment in VA Polytrauma Centers found that pain is highly prevalent. The study also noted in its clinical implications that pain should be consistently assessed, treated, and regularly documented. The

report concluded that poly-traumatically injured patients are at potential risk for development of chronic pain, and that aggressive and multidisciplinary pain management (including medical and behavioral specialists) is a necessity. The report suggested the phenomenon of pain is a new opportunity for VA research in evaluating long term outcomes; developing and evaluating education or policy initiatives designed to improve the consistency of assessment and treatment of pain across the VA continuum of care; and developing and evaluating valid pain assessment measures for the cognitively impaired.

Regarding pain assessment and treatment for the cognitively impaired, OIF/OEF servicemembers and veterans, who suffer from Traumatic Brain Injury, or TBI, pose a unique problem with assessing pain. Poly-traumatic injury includes veterans suffering from TBI and amputation, auditory and visual impairments, spinal cord injury, mental health conditions and burns, not to mention a whole host of fractures and crushing and soft tissue trauma.

According to the Defense and Veterans Brain Injury Center (DVBIC), some experts have estimated the incidence of TBI among wounded servicemembers to be as high as 22%. Between January 2003 and March 31, 2008, DVBIC military, VA and civilian sites combined have seen a total of 6,602 patients with TBI. According to the VA, 60% or more of polytrauma survivors have some degree of brain injury. Brain injury is the most frequent problem treated at Polytrauma Rehabilitation Centers. With impaired cognition and communication skills, servicemembers and veterans suffer from attention and concentration deficits; memory problems; Problems with learning new skills and higher order reasoning. Such things affect a patient's ability to report pain, its severity and effectiveness of treatment. Moreover, an impaired patient is vulnerable to under-treatment and over-treatment.

While there are consensus statements regarding assessing pain in cognitively impaired and non-verbal patients, these guidelines are based on studies in the elderly, children and persons who are intubated or unconscious. No tools have been validated for cognitively impaired polytrauma patients—younger adults with brain injuries—even though prevalence of pain after TBI has been estimated at 44% or more (Martelli et al, 2004; Sherman, et al, 2006).

Given our concerns about implementation and standardization of pain assessment and treatment across the VA system, the DAV testified on June 5, 2008, before the House Committee on Veterans' Affairs Subcommittee on Health and on October 23, 2007, before the Senate Committee on Veterans' Affairs on the Veterans Pain Care Act of 2008, H.R. 6122 and S. 2160, respectively. We thank the Committee for its work to include the provisions of this bill, which were included in the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110–387, Sec. 501). We believe the goals of this provision are laudable and in accord with providing high quality, comprehensive health care services to sick and disabled veterans. Having been signed into law, we believe strong oversight of VA's progress implementing these provisions is necessary.

OUTREACH

Question 5. How are your organizations, individually or in some cooperative fashion, working to outreach to veterans and encourage them to take advantage of VA care and services?

Response. The DAV has an outreach program that includes our National Service Program for Veterans and Military Servicemembers, Mobile Service Office (MSO) Program, Information Seminars, Homeless Veterans, and Disaster Relief.

National Service Program for Veterans:

Our largest endeavor in fulfilling our mission to serve our Nation's service-connected disabled veterans, their dependents and survivors is our National Service Program. In 88 offices throughout the United States and in Puerto Rico, the DAV employs a corps of approximately 260 National Service Officers (NSOs) who represent veterans and their families with claims for benefits from the VA, the DOD and other government agencies. Veterans need not be DAV members to take advantage of this outstanding assistance, which is provided free of charge.

NSOs function as attorneys-in-fact, assisting veterans and their families in filing claims for VA disability compensation and pension; vocational rehabilitation and employment; education; home loan guaranty; life insurance; death benefits; health care and much more. They provide free services, such as information seminars, counseling and community outreach. NSOs also represent veterans and active duty military personnel before Discharge Review Boards, Boards for Correction of Military Records, Physical Evaluation Boards and other official panels.

National Service Program for Military Servicemembers:

Transition Service Officers (TSOs) conduct or participate in pre-discharge transition assistance briefings, the Disability Transition Assistance Program (DTAP), the Transition Assistance Program (TAP), review service treatment records, and confer with Department of Defense and Department of Labor facilitators and other participants in the discharge process. The TSO program also allows DAV to assist servicemembers in the development of evidence, completion of required applications and prosecution of claims for veterans benefits administered under Federal, state and local laws.

Mobile Service Office Program:

Part of their outreach activities involves DAV's MSO Program designed to educate disabled veterans and their families on specific veterans' benefits and services.

This outreach program generates considerable claims work on behalf of veterans and their families. NSOs, often aided by Department and Chapter Service Officers, travel to communities across the country to counsel and assist veterans with development of evidence, completion of required applications and prosecution of claims for veterans benefits administered under Federal, state and local laws.

This program was revitalized in March 2001 and is the most extensive outreach effort in the history of our organization. Thanks to the generosity of a $1 million pledge from the Harley-Davidson Foundation in 2007, the DAV expanded the sites visited by the MSO to include Harley-Davidson dealerships, where benefits assistance is offered to veterans of all generations in communities where they live.

These distinctive-looking and well equipped "offices on wheels" eliminate long trips some veterans in smaller towns and rural communities must take to visit our National Service Offices. The MSO program enhances DAV service to more veterans and their families.

Information Seminars:

DAV's Veterans Information Seminars program is designed to educate disabled veterans and their families on specific veterans' benefits and services.

This outreach program generates considerable claims work on behalf of veterans and their families. The job of the NSO is to seek out veterans, to discover if they have a claim, and to follow that claim through to a successful conclusion.

DAV NSOs conduct these workshops and offer the best counseling and claim filing assistance to veterans and their dependents. This exceptional service is available free of charge and does not require DAV membership to take advantage of this service.

Homeless Veterans:

The DAV helps homeless veterans make the transition from life on the streets to one of productivity and normalcy. Our motto, "We Don't Leave our Wounded Behind," is a heartfelt principle, a rule, and a promise that we, as a grateful Nation, must keep. We must remain steadfast in our efforts to fulfill our promise to veterans by ensuring that no veteran who honorably served his or her country is ever left behind.

The DAV Homeless Veterans Initiative, which is supported by DAV's Charitable Service Trust and Columbia Trust, promotes the development of supportive housing and necessary services to assist homeless veterans become productive, self-sufficient members of society. Our goal is to establish a partnership between the DAV and Federal, state, county, and local governments to develop programs to assist homeless veterans in becoming self-sufficient.

Without question, proper VA assistance—including health care, substance abuse treatment, mental health services, education, and job training, etc.—will enable homeless veterans to improve their situations and begin the transition to once again become productive members of the society they served and defended.

Disaster Relief:

The September 11, 2001 terrorist attacks were tragic and terrifying to say the least. Many veterans and their families who were adversely impacted by the tragic events visited our NSOs who provided these individuals with DAV Disaster Relief grants on the spot, without lengthy delays or red tape.

The Gulf Coast hurricanes, the Iowa floods, tornados and fires are just some of the natural disasters that have adversely impacted veterans and their families. As many residents of stricken areas were evacuated to other communities, the DAV assisted qualified veterans at the various evacuation sites, and participated in outreach events coordinated by the VA.

The DAV has provided millions of dollars in disaster relief grants in the aftermath of natural disasters and other emergencies in various areas around the Na-

tion. DAV disaster relief grants may be issued for the purpose of providing food, clothing, and temporary shelter, or to obtain relief from injury, illness, or personal loss resulting from natural/national disasters that are not covered by insurance or other disaster relief agencies.

WOMEN VETERANS

Question 6. VA has said that sufficient programs and funding already exist to care for women veterans. What would you point to as specific problems or shortfalls with respect to women veterans and what do you recommend that the Committee do to address these concerns?

Response. The numbers of women now serving in our military forces are unprecedented in U.S. history and today, women are playing extraordinary roles in the conflicts in Afghanistan and Iraq. They serve as combat pilots and crew, heavy equipment operators, convoy truck drivers, and military police officers and serve in many military occupational specialties that expose them to the risk of combat, serious injury and death.

As the population of women veterans undergoes exponential growth over the next decade, VA must act now to prepare to meet the specialized needs of the women who served. Overall, the culture of VA needs to be transformed to be more inclusive of women veterans and must adapt to the changing demographics of its women veteran users, taking into account their unique characteristics as young working women with child care and elder care responsibilities. VA needs to ensure that women veterans' health programs are enhanced so that access, quality, safety, and satisfaction with care are equal for women and men. We refer you to specific recommendations outlined in the "Women Veterans Health and Health Care Programs" article in the Fiscal Year 2010 *IB* document, which is accessible online at www.independentbudget.org.

PAPERWORK

Question 7. What is your organization's opinion of VA's expanded paperwork protection policy that came about as a result of the Inspector General's audit which found that VA regional office personnel had mishandled some claims documents—is VA's new policy on shredding appropriate?

Response. The DAV is glad to see that VA's own internal controls discovered the issue of document shredding. We are also pleased with VBA's actions downstream of their discovery. Government employees normally enjoy a presumption of law that they carried out their duties absent evidence they did not. It was therefore a near total requirement that such presumption be relaxed in the face of systematic record destruction.

We are nonetheless concerned with the seemingly arbitrary dates VA chose to employ in the foregoing relaxed standards. That noted, we realize the difficulty in choosing any set of dates to relax evidentiary standards of proof regarding record submission.

Moreover, the veteran community wants to see accountability. VA employees that destroy records that may otherwise prove beneficial to claimants perpetrate fraud upon VA beneficiaries. Title 38, United States Code, contains clear guidelines for punishment, such as fines and imprisonment, for claimants who defraud the government, but no equal guidelines for VA employees who commit similar acts. Such a legislative amendment would go far in healing wounds caused by these dishonorable acts.

STIMULUS

Question 8. The Senate stimulus package includes appropriations for VA, especially $3.7 billion included for VA infrastructure projects. What are your views?

Response. The stimulus package recommends a total of $3.574 billion to address VA's infrastructure needs, including support, oversight, implementing a new "energy efficiency initiative," and an additional $195 million for development of paperless claims processing and development of systems required to implement the Post-9/11 G.I. Bill.

The DAV has a resolution from its membership urging VA to redouble its efforts to request adequate funding in future budgets to ensure at minimum that VA fulfills the intent of its Capital Asset Realignment for Enhanced Services (CARES) initiative while examining other needs beyond those identified within the five-year period of the CARES initiative. Moreover, the resolution also urges Congress to provide appropriated funding sufficient to fulfill the needs for infrastructure identified through the CARES process, plus any other infrastructure needs VA identifies and justifies in the post-CARES period.

As part of the *IB*, the DAV believes the ongoing implementation of VA's CARES indicates a large number of significant construction priorities. While Congress has provided $4.9 billion since fiscal year 2004, the current backlog of partially funded CARES projects requires additional funding for completion. Furthermore, VA recently estimated major facility projects over the next five years would require over $6.5 billion. As the *IB* recommended a total of $2.252 billion for VA construction.

The DAV also recognized the importance of State Veterans Homes that is providing more of VA's long-term care services to our Nation's aging and disabled veterans. Based on VA's mandated priority list for pending State Home construction grant applications for fiscal year 2009, there exists $434 million in Priority Group 1 applications for which the State has set aside matching funds. Applications in Priority Group 2–7 would require $531 million. We support the $258 million provision in the stimulus package for the construction grants of State Veterans Homes.

Finally, in our testimony before the Committee, the DAV believes the cumbersome and lengthy administrative claims and appeals process can be streamlined (1) by merging and eliminating redundancies within the benefits delivery system, and (2) integrating its electronic framework into a single, state-of-the-art information system to create, as much as practical, a new electronic claims process. Accordingly, we support the $195 million provision for the development of a paperless claims processing system.

QUESTIONS FOR THE RECORD FROM SENATOR BERNARD SANDERS TO ADRIAN M. ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

EXTENDED AND DIFFERENT HOURS FOR VA SERVICES

As I mentioned in my opening remarks, I have heard from many veterans who want to get to the VA for care but they can't make it because of work. I believe we need to increase accessibility of the VA to all types of veterans, including those with full-time jobs, by providing evening and weekend hours so that people won't have to choose between going to work and keeping a VA appointment. This could also help reduce missed appointments which waste time and resources of VA staff. My office is currently exploring what kind of authority VA needs to begin providing extended hours on a one night a week and one weekend day a week basis, possibly in the form of a pilot program.

Question. What do members of the panel think about this idea?

Response. As then Secretary of Veterans Affairs Jim Nicholson stated, "Illness doesn't follow a 9-to-5 schedule." He directed VA medical centers to provide extended hours to ensure veterans are able to receive the medical care they earned. (June 15, 2007 VA Press Release).

Moreover, in an attempt to better manage patient access to care, VA began a process several years ago of reengineering its clinic patient flow through the "Advanced Clinic Access Initiative" developed by the Institute for Health Improvement (IHI). The strategy emphasizes managing demand in order to improve patient flow and thus access to services, all within existing capacity constraints.

In the VA New Jersey Health Care System, staff applied advanced access strategies first to primary care clinics and then specialty clinic. In reporting the results of this implementation, working down the backlog of appointments required adding appointments and clinic hours for a finite period of time—again, within existing resources.

VHA contracted Booz Allen Hamilton to conduct an independent review of its scheduling process and metrics in response to VA Office of Inspector General (OIG) reports in 2005, 2007, and 2008, that found reported outpatient waiting times to be unreliable. In its final report, Booz Allen Hamilton made a number of recommendations including VA needing to take aggressive steps to use fixed infrastructure more efficiently. These strategies include providing services at off-peak hours, such as early mornings, evenings, and Saturdays, when fixed assets are, currently, largely unused. To do this effectively, facilities should conduct surveys to understand which veterans would use which services during alternate hours.

We believe extending operating hours of VA clinics is a reasonable solution to increase capacity and access if there is corresponding increase in resources to mitigate any adverse effects of increased workload on participating health care providers and support personnel.

Chairman AKAKA. Thank you very much, Mr. Atizado. And now we will hear from Mr. Bowers.

STATEMENT OF TODD BOWERS, DIRECTOR OF GOVERNMENT AFFAIRS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Mr. BOWERS. I would just like to point out he got that in at 5 minutes exactly. Well done.

Mr. Chairman, Ranking Member and Members of the Committee, thank you for inviting the Iraq and Afghanistan Veterans of America to testify here today and for giving us the opportunity to present our 2009 legislative agenda.

On behalf of IAVA and our more than 125,000 members and supporters, I would also like to thank you for your unwavering commitment to our Nation's veterans.

And I would also like to thank you all for braving the ice this morning to make it to this hearing. Maybe next year, we can do it in Hawaii, though that is not a formal recommendation.

After 7 years of war, it has never been more critical to care for our Nation's veterans. I know because I am one of them. I still serve as a staff sergeant in the United States Marine Corps, and I should point out that my testimony today does not reflect the views or opinions of the Marine Corps.

At IAVA, we are committed to making sure that no servicemember and no veteran is ever left behind. The mission of IAVA is to improve the lives of more than 1.7 million Iraq and Afghanistan veterans and their families.

IAVA is proud to have worked with our fellow VSOs in local communities, with the media and in Washington to draw attention to the issues facing our troops and veterans, and to get those problems solved. Over the past 4 years, IAVA has grown into a driving force behind many legislative victories for veterans.

In 2008, we saw unprecedented success. First and foremost was the passage of the new GI Bill which will ensure affordable college education for all veterans of Iraq and Afghanistan. IAVA also worked to increase health care funding by $4.5 billion, to improve benefits for disabled veterans, to expand suicide prevention and to improve treatment for Traumatic Brain Injury. We have effectively partnered with many other veteran and military service organizations and also the Department of Defense, the Department of Veterans Affairs and Members of Congress to make these successes a reality.

In 2008, IAVA launched a historic public service advertising campaign in partnership with the Ad Council. The groundbreaking multiyear effort seeks to ease the readjustment for servicemembers coming home from Iraq and Afghanistan. Extensive research was conducted to develop the Veteran Support Campaign, including focus groups around the country, extensive consultation with Iraq and Afghanistan veterans and the involvement of a panel of top mental health experts.

All PSAs direct viewers to the first and only online community exclusive to Iraq and Afghanistan veterans. This innovative Web site will help veterans connect with one another and link them with comprehensive services, benefits assistance and mental health resources.

A companion PSA campaign will be launched in 2009 that will engage and support the families and loved ones of Iraq and Afghanistan veterans. This is the most extensive veterans' public out-

reach by a non-profit in history, and we hope it will provide not only much-needed services but innovations and lessons learned to be shared and replicated by the VA and DOD.

While we have accomplished landmark successes in 2008, thanks in large part to the work of this Committee, there is still more to do. We are hopeful the new administration and the new Congress will continue to focus on veterans' issues.

Our 2009 legislative agenda, based on extensive processes of polling and seeking feedback from our 125,000-strong membership, makes recommendations in four areas crucial to today's veterans: mental health, homecoming, health care and government accountability.

Attached you will find the complete legislative agenda and the IAVA legislative priorities. We have also provided hard copies for your convenience.

At this time, I would like to highlight just a few of the most urgent issues facing Iraq and Afghanistan veterans.

Ensuring thorough, professional and confidential screening for invisible injuries: IAVA supports mandatory, face-to-face and confidential mental health and TBI screenings by a licensed medical professional for all servicemembers before and after their combat tour. The goal of this is to remove the stigma and seal the crack that many veterans and servicemembers tend to fall through.

Senator Burr, I could not agree with your comments more, that getting veterans in fast is the key to solving these problems.

Of our membership that we were able to poll, those who sought treatment, 70 percent said it was useful. So the key is getting them in the door.

Advance fund veterans' health care. Advance fund veterans' health care, emphasis. The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs health care budget 1 year in advance. In addition, IAVA endorses the annual *Independent Budget* produced by leading veterans service organizations, including IAVA, as a blueprint for VA funding levels.

I also agree with many of my members at the table today that this is key to ensuring that servicemembers get the appropriate care they need.

Ending the passive VA System: The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the funding and services that the VA provides. Many veterans do not even know the benefits they are eligible for. The VA must develop a national strategy to promote the use of its services including advertising VA benefits, expanding VA outreach and modernizing the VA's online presence.

Of our poll, we found that 72 percent of our members had visited the VA Web site, and their responses are, well, I just will not say any here today.

We also had in our priorities veterans in the economic stimulus package. We have seen great successes already, and I thank the Committee for your work on this issue.

Finally, to correctly implement the new GI bill: The historic Post-9/11 GI Bill, passed last year, included a provision to allow servicemembers to transfer their GI Bill education funding to a spouse or

dependent. But the Congress and the Administration can and must keep the bureaucracy moving to keep this benefit a reality. Our office regularly receives phone calls where servicemembers are wondering when they are going to have this benefit and how will they understand it? And we do not have those answers yet.

That concludes my testimony at this time. I thank the Committee. I will be happy to answer any questions.

[The prepared statement of Mr. Bowers follows:]

PREPARED STATEMENT OF TODD BOWERS, DIRECTOR OF GOVERNMENT AFFAIRS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Mr. Chairman, Ranking Member, and Members of the Committee, thank you for inviting Iraq and Afghanistan Veterans of America (IAVA) to testify today, and for giving us the opportunity to present our 2009 Legislative Agenda. On behalf of IAVA and our more than 125,000 members and supporters, I would also like to thank you for your unwavering commitment to our Nation's veterans.

After seven years of war, it has never been more critical to care for our Nation's newest warriors. I know, because I am one of them. I still serve as Staff Sergeant in the United States Marine Corps. I have served two tours in Iraq, and just returned from an additional deployment last summer. At IAVA, we are committed to making sure that no servicemember, and no veteran, is ever left behind. The mission of IAVA is to improve the lives of the more than 1.7 million Iraq and Afghanistan veterans and their families. IAVA addresses critical issues facing our newest generation of heroes, including psychological and neurological injuries, a flawed disability benefits system, and the implementation of the historic new GI Bill. Founded in 2004 by a small group of Iraq veterans, IAVA is dedicated to educating the public about the wars in Iraq and Afghanistan, advocating on behalf of those who have served, and fostering a community for troops, veterans, and their families.

IAVA is proud to have worked in local communities, with the media, and in Washington to draw attention to the issues facing our troops and veterans, and to get those problems solved. Over the past four years, IAVA has grown into a driving force behind many legislative victories for veterans. In 2008, we saw unprecedented success. First and foremost was the passage of the new GI Bill, which will ensure an affordable college education for all veterans of Iraq and Afghanistan. IAVA also worked to increase veterans' health care funding by $4.5 billion, to improve benefits for disabled veterans, to expand suicide prevention, and to improve treatment for Traumatic Brain Injury. We have effectively partnered with many other Veteran and Military Service Organizations, the Department of Defense, the Department of Veterans Affairs and Members of Congress to make these successes a reality. We're the new kids on the block, but we have made a substantial impact, in a very short time. All in all, IAVA saw progress on 20 of our 28 legislative recommendations in 2008.

In 2008, IAVA also launched a historic Public Service Advertising (PSA) campaign in partnership with the Ad Council. The groundbreaking, multiyear effort seeks to ease the readjustment for servicemembers returning home from Iraq and Afghanistan. Joining such iconic Ad Council PSA campaigns as "Only You Can Prevent Forest Fires" and "Friends Don't Let Friends Drive Drunk," the groundbreaking Veteran Support campaign will feature TV, radio, print and online PSAs, both in English and in Spanish. Extensive research was conducted to develop the Veteran Support Campaign, including focus groups around the country, extensive consultation with Iraq and Afghanistan veterans, and the involvement of a panel of top mental health experts. All PSAs direct viewers to the first and only online community exclusive to Iraq and Afghanistan veterans, www.CommunityofVeterans.org. This innovative Web site will help veterans connect with one another and link them with comprehensive services, benefits assistance, and mental health resources. A companion PSA campaign launching in 2009 will engage and support the families and loved ones of Iraq and Afghanistan veterans. This is the most extensive veterans public outreach by a non-profit in history, and we hope it will provide not only much needed services, but innovation and lessons learned to be shared and replicated by the VA, and DOD.

While we have accomplished landmark successes in 2008, thanks in large part to the work of this Committee, there is still more to do. We are hopeful the new Administration, and the new Congress, will continue to focus on veterans issues. Our 2009 IAVA Legislative Agenda, based on an extensive process of polling and seeking feedback from our 125,000-strong membership, makes recommendations in four

areas crucial to today's veterans: Mental Health, Homecoming, Healthcare and Government Accountability.

Attached you will find out complete Legislative Agenda, and the IAVA Legislative Priorities. At this time, I'd like to highlight just a few of the most urgent issues facing Iraq and Afghanistan veterans.

Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries. IAVA supports mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and after their combat tour.

Advance-Fund Veterans' Health Care. The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs (VA) health care budget one year in advance. In addition, IAVA endorses the annual *Independent Budget*, produced by leading veterans' organizations (including IAVA), as a blueprint for the VA funding levels.

End the Passive VA System. The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the benefits and services that the VA provides. Many veterans do not even know what benefits they are eligible for. The VA must develop a national strategy to promote the use of its services, including advertising VA benefits, expanding VA outreach, and modernizing the VA's online presence.

Prioritize Veterans in the Economic Stimulus Package. Caring for our veterans isn't just the right thing to do—it a sound economic investment. IAVA calls for tax credits for patriotic employers that hire new veterans and reservists, support for veterans struggling with student loans, and investment in shovel-ready projects like repairing veterans' hospitals and cemeteries.

Correctly Implement the New GI Bill. The historic Post-9/11 GI Bill, passed last year, included a provision to allow servicemembers to transfer their GI Bill education funding to a spouse or dependent. But Congress and the Administration can and must keep the bureaucracy moving to make this benefit a reality.

Thank you for your time.

IRAQ AND AFGHANISTAN VETERANS OF AMERICA
2009 LEGISLATIVE AGENDA

LEGISLATIVE PRIORITIES

The IAVA Legislative Priorities are the most urgent actions Congress must take to ensure that veterans of Iraq and Afghanistan get the care and support they have earned.

A. Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries

IAVA supports mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and after their combat tour. See recommendation 1.1.

B. Advance-Fund Veterans' Health Care

The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs (VA) health care budget one year in advance. In addition, IAVA endorses the annual *Independent Budget*, produced by leading veterans' organizations (including IAVA), as a blueprint for the VA funding levels. See recommendation 3.1.

C. End the Passive VA System

The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the benefits and services that the VA provides. Many veterans do not even know what benefits they are eligible for. The VA must develop a national strategy to promote the use of its services, including advertising VA benefits, expanding VA outreach, and modernizing the VA's online presence. See recommendations 1.2, 2.4, and 3.2.

D. Combat Veterans' Unemployment

IAVA supports the expansion of employment training for troops leaving the military, tax credits for employers who hire troops and veterans, and a new "Green-to-Green" program to retrain veterans for high-paying jobs in the clean energy economy. See recommendation 2.3.

E. Cut the Claims Backlog in Half

Hundreds of thousands of disabled veterans are awaiting an answer on their VA benefits claims. Errors in claims decisions are a primary source of the backlog.

IAVA recommends a new evaluation system that holds claims processors accountable for the accuracy of their work. See recommendation 3.2.

F. Improve Health Care for Female Veterans

11 percent of Iraq and Afghanistan veterans are women. They deserve the same access to health care as any other American veteran. IAVA supports prioritized hiring of female practitioners and outreach specialists, increased funding for specialized in-patient women-only PTSD clinics, and significant expansion of the resources available to women coping with Military Sexual Trauma. See recommendations 1.2, 3.3 and 3.5.

G. Eradicate Homelessness Among Veterans

About 150,000 veterans are homeless on any given night, and foreclosure rates in military towns are increasing at four times the national average. IAVA calls for 20,000 new HUD-VA Supportive Housing vouchers, an increase in the Grant and Per Diem allowances for community organizations to help homeless veterans, and an extensive outreach campaign to promote VA home loan and financial counseling services. See recommendation 2.4.

I. MENTAL HEALTH

Rates of psychological and neurological injuries among troops and new veterans are high and rising. But many troops and veterans are not getting the treatment they need.

In a landmark 2008 RAND study, "Invisible Wounds of War," almost 20 percent of Iraq and Afghanistan veterans screened positive for Post Traumatic Stress Disorder (PTSD) or major depression. But less than half of those suffering from mental health injuries are receiving sufficient treatment. Multiple tours and inadequate time at home between deployments increase rates of combat stress.

Troops in Iraq and Afghanistan are also facing neurological damage. When troops are near an exploding mortar or roadside bomb, the blast can damage their brains, often without leaving a visible injury. The vast majority of Traumatic Brain Injuries (TBIs) are mild or moderate. But the injury is widespread: 19 percent of troops report a probable TBI during deployment. Tens of thousands of troops are suffering from both psychological and neurological injuries.

Untreated mental health problems can and do lead to family issues, substance abuse, homelessness and suicide. For female servicemembers in particular, divorce rates are very high; female soldiers faced an 8.8 percent annual divorce rate, more than 2.5 times the national average. As of December 2008, there have been at least 196 military suicides in Iraq and Afghanistan. These numbers do not include the many veterans who commit suicide after their service is complete, whose fatalities are not tracked or reported.

Troops and veterans face significant barriers to mental health care. The Department of Defense (DOD) relies on an ineffective, antiquated system of paperwork to conduct mental health evaluations, and access to mental health care is difficult. According to the Pentagon's Task Force on Mental Health, the military's "current complement of mental health professionals is woefully inadequate." The National Defense Authorization Act for 2009 singled out mental health professionals as a critically short wartime specialty, and authorized new recruitment and multi-year retention bonuses for psychologists. But as of December 2008, the bonuses had yet to be implemented.

Effective treatment is also scarce for veterans who have left the military. The VA has given mental health diagnoses to more than 178,000 Iraq and Afghanistan veterans, or 45 percent of new veterans who visit the VA. But VA care is not always convenient. Veterans in rural communities are especially hard hit, and the availability and quality of health care for female veterans ranges widely.

Exacerbating the problem of inadequate screening and treatment is the heavy stigma associated with receiving mental health treatment. More than half of soldiers and Marines in Iraq who test positive for a psychological injury report concern that they will be seen as weak by their fellow servicemembers. One in three of these troops worry about the effect of a mental health diagnosis on their career. As a result, many troops who need care do not seek it out.

To learn more about troops' and veterans' psychological injuries, please see the 2009 IAVA Issue Report, "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." All IAVA reports are available at www.iava.org/reports.

Mental Health Recommendations

1.1 Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries

• The Defense Department must supply mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and between 90 and 180 days after return from combat.

• To maximize the effectiveness of the TBI Veterans Health Registry, the DOD and the VA should establish a joint protocol to share existing and future operational situation reports (SITREPS) of all servicemembers exposed to blasts and other causes of head and neck injury.

1.2 Advertise VA Mental Health Services

• The VA must receive specially-allocated funds to research, test and implement an effective national and local media strategy, that includes use of new and traditional media, to combat stigma and to promote the use of VA services such as Vet Centers and the Suicide Prevention hotline. The VA's campaign strategy should include a comprehensive plan to involve Veterans Service Organizations, and should promote behavioral and mental health services to underserved groups, including homeless veterans, rural veterans and female veterans.

1.3 Increase Mental Health Support for Military Families

• Vet Centers should be authorized and funded to provide services to active-duty military servicemembers and their families. IAVA supports the expansion of VA mental health services to veterans' families, including children, parents, siblings and significant others, if the veteran is receiving VA treatment for mental health or behavioral health problems.

• Adequate funding must be provided to implement fully the National Guard and Reserve Yellow Ribbon Reintegration Program, which provides reintegration training to reserve component troops and their families.

• IAVA calls for a study to better identify the causes of marital strain and high divorce rates among active and reserve component servicemembers, including multiple deployments, mental health injuries, and gaps in family support programs, particularly for the families of female servicemembers.

• IAVA supports funding for an independent review of the scope of family violence in the military, and an analysis of the effectiveness of the Department of Defense's response to the problem.

1.4 Combat the Shortage of Mental Health Professionals

• DOD must implement a full range of special pays, including accession and multi-year retention bonuses, as well as incentive and bonus pays, at a sufficient level to effectively recruit and retain critically needed behavioral and mental health professionals. Congress should require a biannual report on the implementation and effectiveness of the current recruitment and retention bonuses for mental health professionals.

• IAVA supports providing suicide prevention training within combat life-saver training, the emergency medical training troops receive from combat medics.

1.5 Address the Mental Health Needs of Female Troops and Veterans

• IAVA supports increased funding for specialized in-patient women-only PTSD clinics.

• To improve the quality of health care for female veterans, Vet Centers and VA medical facilities must be encouraged to hire female practitioners and outreach specialists, and especially female veterans.

• The veterans' suicide hotline operators should receive additional training to respond to sexual assault-related calls.

• IAVA supports increased funding for the Department of Defense's Sexual Assault Prevention and Response Office in order for it to expand its oversight role.

1.6 End Discrimination against Psychologically Wounded Troops

• To ensure that servicemembers suffering from service-connected psychological or neurological injuries have not been improperly discharged, IAVA recommends imposing an immediate moratorium on personality disorder discharges for combat veterans until an audit of past personality discharges is completed.

• When troops seek voluntary alcohol and substance-abuse counseling and treatment, command notification should be at the discretion of the treating mental health professional.

II. HOMECOMING

Even in the best of times, troops coming home from war face serious challenges reintegrating into civilian life. But as the economy falters, our newest veterans are being hit especially hard.

Troops are facing serious challenges returning to the civilian workforce. Among Iraq and Afghanistan-era veterans of the active-duty military, the unemployment rate was over 8 percent in 2007, about 2 percent higher than their civilian peers.

In addition, National Guardsmen and Reservists, "citizen soldiers" who leave behind their civilian lives to serve alongside active-duty troops, are inadequately protected against job discrimination.

In the most severe cases, economic hardship can push veterans into homelessness. Foreclosure rates in military towns are increasing at four times the national average, and almost 2,000 Iraq and Afghanistan veterans have already been seen in the Department of Veterans Affairs' homeless outreach program. Given the state of the economy, the problem is likely to worsen in the coming years.

One major step forward for improving veterans' economic opportunities is almost complete. IAVA led the fight to provide today's veterans with the same kind of education benefits America provided to veterans of World War II. In June 2008, we won. The new "Post-9/11" GI Bill makes college affordable to 1.7 million veterans of Iraq and Afghanistan, but a number of technical fixes are necessary in 2009 to maximize the GI Bill's effectiveness.

For more information about the transition challenges of new veterans, please see the 2009 IAVA Issue Reports, "Careers After Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans" and "Coming Home: The Housing Crisis and Homelessness Threaten New Veterans." All IAVA reports are available at www.iava.org/reports.

Homecoming Recommendations

2.1 Streamline and Simplify the Post-9/11 GI Bill

• IAVA calls on Congress to oversee the accurate and timely implementation of all portions of the "Post-9/11 GI Bill," including the tuition benefit, housing allowance, book stipend, and transferability provisions.

• Eliminate the confusion of multiple education benefits by ensuring that the Post-9/11 GI Bill covers all types of education programs.

• Veterans pursuing vocational and distance learning programs should be entitled to the same tuition benefits as veterans attending traditional colleges.

• Rather than an unwieldy state-by-state benefit system, the Post-9/11 GI Bill benefit should have a national tuition cap tied to the price of the most expensive public school (currently about $13,000/yr). Partial tuition payments should be based on a percentage of this cap, not individual tuition costs.

• The Yellow Ribbon Program, which provides matching Federal funds for private school scholarships given to GI Bill recipients, should be universally available to those in reserve component.

• Veterans with remaining educational entitlement should be able to use their benefit to pay back student loans.

• Veterans attending school part time should receive a pro-rated housing benefit.

• Active Guard Reserve (AGR) service should be counted toward benefits calculations.

2.2 Defend Troops Against Job Discrimination

• USERRA, the Uniformed Services Employment and Reemployment Rights Act, protects National Guardsmen and Reservists from discrimination based on their military service. IAVA supports the extension of USERRA protections to servicemembers working in domestic response operations, such as hurricane or wildfire missions.

• Processing of USERRA claims should be consolidated within the jurisdiction of a single agency.

• Federal and state governments should be held to the same standard of USERRA compliance as private sector employers.

• Employers who knowingly violate USERRA job protections should face civil and criminal prosecution. Congress must direct tough enforcement of USERRA by the Departments of Justice and Labor, and give these agencies specific resources for this function. Violation of USERRA should be explicitly added to the list of offenses for which suspension or debarment from eligibility for Federal Government contracts is authorized.

• Servicemembers who face employment discrimination based on their military service must be afforded their day in court, as intended by the original USERRA statute. USERRA complaints should be exempt from pre-dispute binding arbitration agreements.

• To prevent employers from firing an employee while a USERRA claim is being processed, courts hearing USERRA complaints should be required to use their full range of legal powers, including injunctions.

• The DOD should implement a notification program for servicemembers' employers specifically informing employees of their USERRA obligations.

2.3 Combat Veterans' Unemployment

• The employment training in the Transition Assistance Program for separating servicemembers should be modernized and made mandatory for all active-duty troops leaving the military.
• IAVA recommends tax credits for employers who, when their reserve component employees are called to active-duty for over 90 days, continue to support their employees by paying the difference between the servicemembers' civilian salary and their military wages.
• IAVA supports a tax credit to promote the hiring of homeless veterans by reimbursing the employer for a percentage of the salary of the hired veteran.
• Any economic stimulus proposals that promote "green collar" jobs should include a "Green-to-Green" program to retrain veterans for the new clean energy economy, and to encourage green employers to hire veterans.
• The DOD should conduct a study of the differences between DOD and civilian vocational certifications in order to ease the transition of certifications into the civilian world.
• To help mitigate the effect of frequent and lengthy deployments, IAVA supports new programs to provide small businesses owners in the National Guard and Reserves with additional access to capital, insurance, and bonding.

2.4 Eradicate Homelessness Among Veterans

• IAVA calls for a one-year moratorium on mortgage foreclosure for any servicemember returning from a combat tour. This provision should not sunset before 2012, at the earliest. Lenders who fail to abide by the moratorium should face stiff civil and criminal penalties.
• Congress should appropriate funding for a VA outreach and advertising campaign in regions hard-hit by the mortgage crisis that have high veteran and servicemember populations. The campaign should promote VA home loan and financial counseling services. Adequate funding should also be provided to ensure that the VA has enough loan counselors to cope with call volume.
• IAVA calls for a dramatic expansion of the HUD-VA Supportive Housing voucher program, to include the funding of an additional 20,000 housing vouchers. To ensure that vouchers are reaching eligible homeless veterans, a study must be conducted to examine voucher utilization rates, barriers to finding housing, service delivery and coordination, and housing retention among veterans participating in the program.
• The Grant and Per Diem (GPD) program payment rate should better match the actual cost to help a homeless veteran. The VA should be given the discretion to increase GPD payment rates up to 150% of the daily rate for programs that are high-cost due to their location or range of services.
• IAVA supports a pilot program to test preventative strategies against homelessness at VA facilities. Potential strategies should include emergency cash assistance, help with utilities, and short-term rental subsidies.
• IAVA endorses a VA "GreenHomes" program that would convert underutilized VA properties into energy-efficient permanent housing for homeless veterans.

2.5 Protect Servicemembers from Unfair Contracts

• Students who are deployed overseas should be reimbursed by their college or university for tuition paid toward interrupted coursework.
• Servicemembers should be protected from early termination fees if a servicemember terminates a lease due to a deployment.
• Protections allowing servicemembers to suspend or cancel cell phone contracts should be extended to servicemembers whose service contract is a part of a shared family account.
• Active-duty and recently separated servicemembers and their families should not be denied in-state tuition rates at local public universities due to a failure to meet state residency requirements.

2.6 Steer Veterans to Alternative Sentencing

• A pilot program should be funded to test the effects of alternative sentencing for veterans suffering from combat related stress injuries who are arrested for nonviolent crimes. The pilot should build on the work of the Veterans Court in Buffalo, NY. The results of this pilot should be used to create guidelines for other states on effective alternative sentencing programs.
• The VA should repeal the standing prohibition on treatment for incarcerated veterans, and should coordinate with local municipalities to develop counseling, recovery, and peer-support services for veterans in the criminal justice system.

III. HEALTH CARE AND BENEFITS

Far too many military families and veterans are struggling with the bureaucratic barriers to health care and benefits. Accessing medical care requires long waits for

appointments, and is often too far away. Even when a wounded veteran is too disabled to work, the disability compensation process can take years.

Millions of veterans rely on the health care and benefits provided by the Department of Veterans Affairs (VA), and about 42 percent of eligible Iraq and Afghanistan veterans have already gone to the VA for health care. But accessing the system is often a problem. Wait times for appointments can be months long, and hospitals and clinics are frequently inconveniently located. As of 2003, more than 25% of veterans enrolled in VA health care live over an hour from any VA hospital. The VA has already taken steps to expand access to health care but much more must be done.

A fundamental problem with VA health care is unreliable funding from Congress. Unlike the allocations for Medicaid and Medicare, funding for the Veterans Health Administration is not mandatory. As a result, veterans' groups must fight each year to ensure that Congress provides adequate funding. In the past two years, however, Congress finally made veterans a priority, providing the VA with record budget increases. But when the VA budget is passed late, as it has been 17 of the past 20 years, hospitals are forced to ration care and scrape by with temporary funding bills. Appropriating funding for the VA one year in advance would allow veterans' hospitals to better plan their budgets, cut wait times, and ensure veterans have access to the care they need—and it would cost no additional money.

The VA also provides benefits to promote veterans' education, to help veterans buy a home, to compensate for combat-related disabilities, to provide for veterans' funerals, and to support troops and veterans' survivors. Almost 4 million veterans receive VA benefits, but for many, accessing the benefits they have earned is a difficult process. The DOD and the VA each have their own complicated and confusing disability benefits systems. As troops transition from the DOD to the VA, medical records and military service records regularly get lost in the shuffle, leading to long waits for benefits processing. Even within the VA system, veterans face inexcusable delays. With over 800,000 claims filed annually, the current average wait time of 6 months is unacceptable. According to the VA's own numbers, about 12% of ratings decisions are inaccurate. These wrongly-decided claims can take two years to complete the appeal process, and are the primary source of the claims backlog.

Since the scandal at Walter Reed Army Medical Center in 2007 drew attention to the bureaucratic red tape that wounded troops face, the VA has added more claims processors. However, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. The VA must refocus its efforts to effectively train the new workforce and to link performance reviews to both quantity and quality of claims processed. With these systems in place, stories of VA backdating claims or shredding paperwork could finally become a distant memory.

For more on troops and veterans' health care and compensation issues, consult the 2008 IAVA Issue Report: "Battling Red Tape: Veterans Struggle for Care and Benefits." All IAVA reports are available at www.iava.org/reports.

Health Care and Benefits Recommendations

3.1 Reform Veterans' Health Care Funding

- To ensure timely and predictable funding, the VA budget should be appropriated at least one year in advance.
- IAVA endorses the annual *Independent Budget*, produced by leading veterans' organizations (including IAVA) as the blueprint for VA funding levels.
- The Government Accountability Office should audit the VA's internal budget model. The VA must be prepared to accurately project the number of veterans who will use VA health care, taking into account increases in demand due to an influx of Iraq and Afghanistan veterans and the downturn in the economy.

3.2 Cut the Claims Backlog in Half

- IAVA supports the Veterans' Disability Benefits Commission's call to mandate a 50% decrease in the claims backlog in 2 years. To make this possible, IAVA recommends a new evaluation system that rewards claims processors based on the accuracy of their work, not just the quantity of claims processed.
- To make claims more consistent between regional offices, the VBA must reassess training requirements. Claims processors at the VA regional offices should receive annual standardized training specific to the errors found in each office's processing during the previous fiscal year. The VBA should hold claims processors and their managers accountable for meeting the annual training requirement, and should provide opportunities for knowledge-sharing, in the model of CompanyCommand.army.mil and PlatoonLeader.army.mil.
- IAVA believes it is the VA's responsibility to clearly inform veterans about the requirements to substantiate a claim. The VA should publicize the criteria for claims establishment, and the VA's "Duty to Notify" should include providing the

claimant with a thorough explanation of the elements needed to substantiate a claim.

• Veterans should be able to waive the waiting period for evidence submission if the claim is fully developed.

• Appeals forms should be sent out with Notice of Decision letters, to expedite the process if the veteran chooses to appeal.

3.3 Improve Access to Care

• Military families face significant barriers to receiving mental health care under TRICARE, including inaccurate lists of local providers, low provider reimbursement rates, and high levels of paperwork. IAVA recommends a study to determine the extent of these barriers and how they can be minimized.

• IAVA recommends that the VA mandate uniform services at women's clinics. Currently, women's clinics vary in the services they deliver, from gender-specific care to general primary care. Women veterans should have access to female primary care providers when requested, and if necessary, the VA should contract with local health care providers to offer this service.

• The Secretary of the VA should design and implement national guidelines to instruct VA facilities when it is appropriate to contract with local community health care providers in areas where rural veterans do not have reasonable access to care.

• VA funding should be provided to promote, oversee, and evaluate a pilot program that creates a network of drivers for veterans struggling to find transportation to the nearest VA hospital.

3.4 Smooth the Transition from the Military to the VA

• Enrollment in VA health care should be required for all troops leaving active-duty service, whether from the active or reserve component, with the opportunity to opt out, rather than opt in. Participation in the Benefits Delivery at Discharge program must be mandatory.

• The disability process should be streamlined, so that the DOD determines fitness for duty, and the VA determines disability compensation. The DOD should perform a thorough medical examination for all troops prior to their separation, and DOD records, including the DD–214, should be electronic and interoperable with a state-of-the-art VA system. The DD–214 should be updated to include email addresses.

• Benefit Resource Counselors should be available for all National Guard and Reserve units. An incentivized training program should be established in coordination with the DOD and VA that would train at least one member of every National Guard and Reserve unit on available Federal and state benefits for servicemembers and their families.

3.5 Ensure Benefits are Fair

• The VA disability benefits schedule should be revised to provide adequate compensation for both loss of earning capacity and quality of life, and to accommodate new kinds of disability, including Post Traumatic Stress Disorder. While the Rating Schedule is revised, all compensation rates should be increased as recommended by the Veterans' Disability Benefits Commission.

• As recommended by the VA's Advisory Committee on Women Veterans, the Veterans Benefits Administration should put in place a procedure to identify, track and report to Congress the outcomes of disability claims that involve Military Sexual Trauma (MST), in order to better understand the number of MST-related claims submitted annually, length of processing times, denial rates, and the types of disabilities that are associated with MST.

• IAVA supports concurrent receipt of veterans' disability and military separation or retirement benefits.

• IAVA urges the complete repeal of the Widow and Widower's Tax.

• All National Guardsmen and Reservists who are veterans of the wars in Iraq and Afghanistan should qualify for early retirement based on the length of their active-duty service.

3.6 Expand Health Tracking for Iraq and Afghanistan Veterans

• Congress should fund a pre- and post-deployment longitudinal study that bridges the gap from Department of Defense and the Department of Veterans Affairs to track veterans' mental health problems, diseases and mortality.

• Troops returning from a tour in Iraq or Afghanistan should be required to enroll in the Gulf War Registry Program, with the opportunity to opt out, rather than opt in.

3.7 Care for the Caregivers

• IAVA recommends the creation and expansion of pilot programs to certify and train family caregivers of veterans as personal care attendants, so that they can receive compensation from the Department of Veterans Affairs.

• The VA should build on its current partnership with local universities to provide respite care to family caregivers. Graduate students should be trained to provide respite care for families caring for wounded warriors.

IV. GOVERNMENT ACCOUNTABILITY

American troops and military families have responded to the demands of a prolonged two-front war with tremendous courage and dedication. But the government has not consistently shown the same commitment to supporting those called to serve.

The wars in Iraq and Afghanistan have been a heavy burden for our Armed Forces, who represent less than one half of one percent of the American people. The military now regularly requires troops to serve multiple, extended combat tours. As General Peter Schoomaker, the former Chief of Staff of the United States Army, warns: "While our Soldiers are responding with extraordinary commitment, particularly in the face of adversity and personal hardships, we cannot allow this condition to persist."

At the same time, funding for the Iraq and Afghanistan wars has become a political football, used by politicians on both sides of the aisle to disguise the wars' cost and fund unrelated pet projects.

Finally, although our troops and military families prove their dedication to our country every day, they are all too often stripped of their rights as citizens. Military voters regularly receive their absentee ballots too late to allow them to vote. In addition, over 40,000 non-citizens serve in the U.S. military today, but they receive little protection for themselves or their families against unfair application of immigration laws. The last thing troops in the American military should be worrying about while deployed is the possibility that their spouses at home may be deported.

Government Accountability Recommendations

4.1 Issue a National Call to Service

• IAVA supports Congressional efforts to expand nonmilitary service opportunities. The President must call on all Americans to show their support for our Nation's troops and veterans by joining them in serving the Nation in the military or on the homefront.

4.2 Prevent Military Voter Disenfranchisement

• All too often, military personnel receive their ballots too late to be counted. States should provide uniform, simple access procedures for military and military dependent absentee voting that is valid in all 50 states. These procedures should include a re-examination of the dates limiting how early one can apply for an absentee ballot, to ensure troops can feasibly apply for and receive a ballot in time to cast their ballots. Election mail must be protected and prioritized, so that troops overseas receive their ballots on time.

4.3 Provide a Road to Citizenship for Military Families

• IAVA believes that the deportation of spouses of troops deployed to a combat zone should be deferred until at least two years after the deployed servicemember returns from combat. In addition, surviving widows and widowers of those killed in action should be eligible for expedited citizenship and/or "bereavement visas" to allow them to visit family in their country of origin in the years after their spouse's death.

4.4 End Abuse of the Emergency Supplemental Process

• IAVA recommends that the DOD be obligated to report detailed equipment reset expenditures within the procurement accounts in a way that confirms that funds appropriated for reset are expended for the correct purposes.

• Emergency supplemental funding undercuts Congressional oversight of spending. While supplemental funding is crucial for real emergencies, IAVA opposes the use of emergency supplemental to fund predictable military needs.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. DANIEL K. AKAKA TO TODD BOWERS, DIRECTOR OF GOVERNMENT AFFAIRS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

PTSD

Just this morning, the VA Inspector General issued a report on the Temple, Texas situation. Many will recall that a psychologist at that facility wrote a strangely worded email which set off a firestorm of concern for those who are suffering from PTSD. In a word, the IG found no systemic effort on the part of VA to reduce the number of PTSD claims via inappropriate diagnosis.

Question 1. For each of you, is it your view that mental health issues, and particularly PTSD, are receiving appropriate attention, in terms of both compensation and care?

Response. It is IAVA's belief that there needs to be full review of all previous congressionally mandated and chartered commission and their recommendations that pertain to PTSD compensation. Commissions' such as the Presidents Commission on Returning Wounded Warriors and the Veterans Disability Benefits Commission have made multiple recommendations that IAVA fully supports but have yet to be implemented. Congress must review these recommendations and prioritize the implementation based on veteran needs and gaps based on the VA FY2008 Performance and Accountability Report.

The VA disability benefits schedule should be revised to provide adequate compensation for both loss of earning capacity and quality of life, and to accommodate new kinds of disability, including Post Traumatic Stress Disorder. While the Rating Schedule is revised, all compensation rates should be increased as recommended by the Veterans' Disability Benefits Commission.

COLLABORATION ON THE ISSUES

Question 2. How can your organizations collaborate to address the concerns of those who veterans who are returning after service in Iraq and Afghanistan?

Response. To draft IAVA 2009 Legislative Agenda, IAVA conducted direct polling of our membership to establish a solid foundation of the priorities that OIF and OEF veterans seek to have addressed this year. These priorities have been identified as:

• Ensure thorough, Professional, and Confidential screening for invisible injuries. IAVA supports mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and after their combat tour.

• Advance-Fund veterans' Health Care. The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs (VA) health care budget one year in advance. In addition, IAVA endorses the annual *Independent Budget*, produced by leading veterans' organizations (including IAVA), as a blueprint for the VA funding levels.

• End the Passive VA system. The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the benefits and services that the VA provides. Many veterans do not even know what benefits they are eligible for. The VA must develop a national strategy to promote the use of its services, including advertising VA benefits, expanding VA outreach, and modernizing the VA's online presence.

• Combat veterans' Unemployment. IAVA supports the expansion of employment training for troops leaving the military, tax credits for employers who hire troops and veterans, and a new "Green-to-Green" program to retrain veterans for high-paying jobs in the clean energy economy.

• Cut the Claims Backlog in Half. Hundreds of thousands of disabled veterans are awaiting an answer on their VA benefits claims. Errors in claims decisions are a primary source of the back-log. IAVA recommends a new evaluation system that holds claims processors accountable for the accuracy of their work.

• Improve Health Care for Female veterans. 11 percent of Iraq and Afghanistan veterans are women. They deserve the same access to health care as any other American veteran. IAVA supports prioritized hiring of female practitioners and outreach specialists, increased funding for specialized in-patient women-only PTSD clinics, and significant expansion of the resources available to women coping with Military Sexual Trauma.

• Eradicate Homelessness among veterans. About 150,000 veterans are homeless on any given night, and foreclosure rates in military towns are increasing at four times the national average. IAVA calls for 20,000 new HUD-VA Supportive Housing vouchers, an increase in the Grant and Per Diem allowances for community organizations to help homeless veterans, and an extensive outreach campaign to promote VA home loan and financial counseling services.

All of these priorities have been shared with every Veteran Service Organization as registered with the Department of Veterans Affairs. It is IAVA's goal to serve as a conduit between our newest generations of veterans.

For the past three years, IAVA has been in full support of the *Independent Budget* as established by the leading veteran Service Organizations. In addition, IAVA supports many of the recommendations and resolutions established by The Military Coalition. IAVA has been a member of The Military Coalition as of June, 2008. IAVA

will continue to pursue effective VSO partnerships to ensure veterans are appropriately represented from all generations.

VBA STAFFING

In light of the increased funding for VBA staffing, there are high expectations that VBA will improve the quality of claims decisions, and to do so in a timely manner.

Question 3. What more do you believe Congress could do to assist in decreasing the backlog, and at the same time, improving timeliness and accuracy?

Response. IAVA supports the Veterans' Disability Benefits Commission's call to mandate a 50% decrease in the claims backlog in 2 years. To make this possible, IAVA recommends a new evaluation system that rewards claims processors based on the accuracy of their work, not just the quantity of claims processed.

To make claims more consistent between regional offices, the VBA must reassess training requirements. Claims processors at the VA regional offices should receive annual standardized training specific to the errors found in each office's processing during the previous fiscal year. The VBA should hold claims processors and their managers accountable for meeting the annual training requirement, and should provide opportunities for knowledge-sharing, in the model of CompanyCommand.army.mil and PlatoonLeader.army.mil.

IAVA believes it is the VA's responsibility to clearly inform veterans about the requirements to substantiate a claim. The VA should publicize the criteria for claims establishment, and the VA's "Duty to Notify" should include providing the claimant with a thorough explanation of the elements needed to substantiate a claim.

OIF/OEF ILLNESSES

The Committee and, indeed, the full Congress, has focused a great deal of attention on mental health and TBI matters. Yet, the most common health condition of returning OEF/OIF veterans is not TBI or mental illness, but instead muscle and joint pain.

Question 4. Do any of you have proposals on how to focus on this number one health concern from those who have served in Iraq and Afghanistan?

Response. A recent report from the Washington Post highlighted that current combat loads carried by servicemembers in Iraq and Afghanistan are resulting in large amounts of orthopedic injuries. During their combat tours in Iraq and Afghanistan, it is common for servicemembers to carry loads as heavy as half their body weight. Depending on the length of their deployment, this constant strain can last up to 15 months and recovery time is shortened due to inadequate dwell time between multiple deployments. The numbers of non-deployable Army personnel is increasing at a staggering rate and other branches are also feeling the strain. Never before have servicemembers been subjected to such heavy loads for such extended periods of time and at a constant rate.

IAVA recommends that a joint review be conducted by DOD and VA into the long term effects of carry large combat loads has on acute orthopedic injuries and musculoskeletal system of OIE and OEF veterans.

OUTREACH

Question 5. How are your organizations, individually or in some cooperative fashion, working to outreach to veterans and encourage them to take advantage of VA care and services?

Response. IAVA has recently launched a multi-tiered veteran's outreach campaign in partnership with the Ad Council. The goal of this national media effort is to drive veterans to the Nation's first online social networking Web site exclusive for OIF and OEF veterans. This Web site communityofveterans.org has established a secure online community for veterans to voice their concerns about issues ranging from PTSD disability compensation to difficulty accessing VA care. Below are highlights from the campaign.

Campaign Overview:

• IAVA has partnered with the Ad Council to launch a groundbreaking Public Service Advertising (PSA) campaign on Veterans Day 2008. This multiyear, national effort addresses readjustment issues and seeks to ease the transition for veterans returning home from Iraq and Afghanistan.

• The campaign will feature two distinct series of PSAs (including TV, radio, print, outdoor, Web and rich media); one focused on Iraq and Afghanistan veterans

and a second on the families and loved ones of veterans who are also impacted by transitional issues.

• The new campaign was developed in partnership with the Ad Council, a non-profit organization that has created some of the country's most iconic PSA campaigns including "Friends Don't Let Friends Drive Drunk" and Smokey Bear.

Strategy:

• The Ad Council, IAVA and ad agency BBDO conducted extensive research to develop this campaign. We held several rounds of focus groups in three cities across the country with veterans, their families, and members of the general public. We also regularly consulted with a panel of distinguished mental health experts about the direction of the campaign. We will continue to hold briefings with a range of experts to solicit feedback and input going forward.

Online Component:

• The works aimed at veterans directs them to the first and only online community exclusive to Iraq and Afghanistan veterans through a new social networking Web site, communityofveterans.org

• The innovative Web site will offer a platform for veterans to connect with one another and act as a portal for comprehensive mental health resources, with the goal of increasing the number of veterans who seek treatment for issues including PTSD and depression.

• The campaign takes advantage of web 2.0 by reaching the modern veterans online—where they are already. It will act as a MySpace or Facebook plus exclusively for veterans, transforming the way that veterans interact with one another and talk about transitional issues.

About the Ad:

• Created pro bono by ad agency BBDO in New York, the compelling TV PSA, Alone, follows a young servicemember when he returns from Iraq. He is filmed in a completely empty airport terminal, alone on a subway and walking through desolate New York City streets. Eventually, he is approached by another Iraq veteran who extends his hand and welcomes him home. When the two men shake hands, the deserted city comes alive, illustrating the power of connecting with another veteran.

• The magnitude of this shoot was incredible and required extraordinary help from the city of New York. With the City's aid, we shut down an entire terminal at JFK International Airport, a subway car on the 7 line, and multiple New York City blocks, including in front of the Flat Iron Building and in the financial district.

Issue Background:

• IAVA and Ad Council developed this campaign to address the urgent challenges facing America's newest generation of veterans. There are 1.7 million men and women who have served, or are currently serving, in Iraq and Afghanistan.

• 1 in 5 Iraq and Afghanistan veterans will suffer from a mental health problem, ranging from depression to Post Traumatic Stress Disorder (PTSD), and over time, as many as 30–40% of new veterans could face serious psychological injuries.

• Untreated mental health conditions can cause or aggravate other debilitating problems in the Veterans' community including high rates of unemployment, homelessness, substance abuse, divorce, child abuse, and suicide. Many avoid seeking help because of the stigmas around seeking treatment or being diagnosed with a mental illness.

Campaign Long-term Objective:

• The challenges facing returning veterans are broad and multi-faceted and will not be solved overnight. There is no quick fix or cookie cutter solution. This campaign's long-term objective is to gradually decrease the depression and PTSD-related outcomes among returning veterans and encourage them to take that safe, first step in getting help. Through this campaign we can begin to change the way that both private citizens and the government talk about and address these issues.

Family Campaign:

• A complementary PSA effort that will launch in the coming months will seek to engage the families and loved ones of these veterans. That body of work will empower veterans' loved ones to start a conversion and encourage the veteran to seek help if necessary. A Web site dedicated to providing resources and information for families, supportyourvet.org, will also launch in the coming months.

WOMEN VETERANS

VA has said that sufficient programs and funding already exist to care for women veterans.

Question 6. What would you point to as specific problems or shortfalls with respect to women veterans and what do you recommend that the Committee do to address these concerns?

Response. 11 percent of Iraq and Afghanistan veterans are women. They deserve the same access to health care as any other American veteran.

IAVA supports increased funding for specialized inpatient women-only PTSD clinics.

To improve the quality of health care for female veterans, Vet Centers and VA medical facilities must be encouraged to hire female practitioners and outreach specialists, and especially female veterans.

The veterans' suicide hotline operators should receive additional training to respond to sexual assault-related calls.

IAVA supports increased funding for the Department of Defense's Sexual Assault Prevention and Response Office in order for it to expand its oversight role.

IAVA recommends that the VA mandate uniform services at women's clinics.

Currently, women's clinics vary in the services they deliver, from gender-specific care to general primary care. Women veterans should have access to female primary care providers when requested, and if necessary, the VA should contract with local health care providers to offer this service.

As recommended by the VA's Advisory Committee on Women Veterans, the Veterans Benefits Administration should put in place a procedure to identify, track and report to Congress the outcomes of disability claims that involve Military Sexual Trauma (MST), in order to better understand the number of MST-related claims submitted annually, length of processing times, denial rates, and the types of disabilities that are associated with MST.

PAPERWORK

Question 7. What is your organization's opinion of VA's expanded paperwork protection policy that came about as a result of the Inspector General's audit which found that VA regional office personnel had mishandled some claims documents—is VA's new policy on shredding appropriate?

Response. IAVA agrees with the chairman's statement that the current freeze of document shredding as established by former Secretary Peake is not a long term solution. We look forward to finding out the status of the current policy changes that will take effect when the Committee receives testimony next month regarding this issue. It is paramount, that veterans are not shortchanged by destruction of their supporting documents when filing Disability Claims. The VA must also prioritize the importance of destruction of documentation containing personal information to ensure the privacy of veterans is protected.

STIMULUS

Question 8. The Senate stimulus package includes appropriations for VA, especially $3.7 billion included for VA infrastructure projects. What are your views?

Response. IAVA is grateful for what Congress has provided in the stimulus package. IAVA fully supported the Senate version.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. BERNARD SANDERS TO TODD BOWERS, DIRECTOR OF GOVERNMENT AFFAIRS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

EXTENDED AND DIFFERENT HOURS FOR VA SERVICES

As I mentioned in my opening remarks, I have heard from many veterans who want to get to the VA for care but they can't make it because of work. I believe we need to increase accessibility of the VA to all types of veterans, including those with full-time jobs, by providing evening and weekend hours so that people won't have to choose between going to work and keeping a VA appointment. This could also help reduce missed appointments which waste time and resources of VA staff. My office is currently exploring what kind of authority VA needs to begin providing extended hours on a one night a week and one weekend day a week basis, possibly in the form of a pilot program.

Question 1. Mr. Bowers, the IAVA has also discussed the important of changing the VA from a passive to an active institution when it comes to helping veterans. Is this a proposal that the IAVA would support?

Response. Yes. IAVA fully supports any initiative that effectively increases outreach of services and benefits to OIF and OEF servicemembers and veterans. This legislation matches our 2009 Legislative Agenda recommendation #1.2.

1.2 Advertise VA Mental Health Services

• The VA must receive specially-allocated funds to research, test and implement an effective national and local media strategy, that includes use of new and traditional media, to combat stigma and to promote the use of VA services such as Vet Centers and the Suicide Prevention hotline. The VA's campaign strategy should include a comprehensive plan to involve Veterans Service Organizations, and should promote behavioral and mental health services to underserved groups, including homeless veterans, rural veterans and female veterans.

AUTOMATIC ENROLLMENT IN VA FOR MEMBERS OF THE GUARD AND RESERVE

Mr. Cullinan and Mr. Bowers, in both of your prepared testimonies you mentioned the importance of improving the hand off between the Department of Defense and the VA. I am working on legislation that would automatically enroll members of the National Guard and Reserve into VA health and dental care while they are going through discharge. This does not force these servicemembers to use the VA system but it does cut down on the process of applying for VA care later and allows VA care to be there if a veteran who doesn't think they need the care realizes later in life that they want it. If the VA is meant to provide care of these veterans, we should not make it so hard for them to sign up for the care.

Question 2. Mr. Bowers, is this a proposal that the VFW IAVA could support?

Response. Yes. IAVA fully supports any initiative that will streamline the transition from Active Duty to Veteran status. When I returned from my second deployment, my unit leadership proactively encouraged all servicemembers returning from OIF to register with a VA representative from the Washington DC area Vet Center that was present during our demobilization process. By having all of our Marines register with the VA before demobilizing it removed any individual from falling through the cracks. This issue is addressed in our 2009 Legislative Agenda under item #3.4.

3.4 Smooth the Transition from the Military to the VA

• Enrollment in VA health care should be required for all troops leaving active-duty service, whether from the active or reserve component, with the opportunity to opt out, rather than opt in. Participation in the Benefits Delivery at Discharge program must be mandatory.

Chairman AKAKA. Thank you very much, Mr. Bowers.

Mr. Blake, your testimony.

STATEMENT OF CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

Mr. BLAKE. Chairman Akaka, Ranking Member Burr, Members of the Committee, on behalf of Paralyzed Veterans of America, I would like to thank you for the opportunity to testify today.

As you know, PVA continues to work on issues that are important to our members, specifically those veterans with spinal cord injury or dysfunction, but also for all veterans.

With this mind, I would like to outline our priorities for the 111th Congress. They include, first and foremost, advanced appropriations for the VA health care system; elimination of health care copayments for catastrophically disabled Priority Group 4 veterans; proceeding with the construction of a freestanding tertiary care hospital in Denver, Colorado, that includes a spinal cord injury center in accordance with the recommendations of the CARES commission; improving recruitment and retention bonuses and incentives for nurses and allied health professionals; an increase in the adaptive automobile grant with an annual index to increase the value of the grant with the cost of inflation.

Senator Sanders, I would like to thank you for your leadership in trying to improve this benefit during the 110th Congress, and we look forward to working on this again this year.

Finally, but certainly not the least important, improvements to the claims process, including through updated information systems technology, and, of course, as mentioned by my colleague from IAVA, smooth implementation of the GI Bill.

I would like to focus my attention on only a couple of the issues that I mentioned.

Chairman Akaka, we were pleased that during the 110th Congress you introduced legislation, the Veterans' Health Care Budget Reform Act, S. 3527, that would reform the VA budget process by providing advanced appropriations for VA health care. The legislation was developed in consultation with the Partnership for Veterans' Health Care Budget Reform, a group that includes nine major veterans service organizations including Paralyzed Veterans of America.

The Veterans' Health Care Budget Reform Act would ensure that the goals of the partnership—sufficient, timely and predictable funding—are met. Historically, advance appropriations have been used to make a program more efficient and effective, better aligned with funding cycles of the program recipients or provide insulation from annual political partisan maneuvering. By moving to advance appropriations, veterans' health care programs would accrue all three of these benefits.

Once again, we appreciate your support for this proposal during the 110th Congress, and we look forward to the introduction of similar legislation for the 111th, and we hope to build a broader base of bipartisan support for the legislation.

In 1985, Congress approved legislation which opened the VA health system to all veterans. In 1996, Congress again revised that legislation with a system of rankings establishing priority ratings for enrollment. Within that context, PVA worked hard to ensure that those veterans with catastrophic disabilities would be placed in a higher enrollment category.

To protect their enrollment status, veterans with catastrophic disabilities were allowed to enroll in Priority Group 4 even though their disabilities were non-service-connected and regardless of their incomes. However, unlike other Priority Group 4 veterans, if they would otherwise have been in Priority Group 7 or 8 due to their incomes, they would still be required to pay all fees and co-payments, just as others in those categories do now for every service they receive from VA.

PVA believes this is unjust. VA recognizes their unique specialized status on the one hand by providing specialized service for them in accordance with its mission. The system then makes them pay for those very same services. Unfortunately, these veterans are not casual users of the VA health care system. Because of the nature of their disabilities they require a lot of care and a lifetime of services.

We were pleased that the House Committee on Veterans' Affairs approved and the House of Representatives eventually passed legislation, H.R. 6445, that would eliminate this financial burden placed on catastrophically disabled veterans during the 110th Congress.

In fact, the House bill had a rare triumvirate of bipartisan support of the House Democrats and Republicans and the VA. Unfortunately, the Senate never took action on the measure and the legislation was never enacted.

We hope that with your leadership, and Senator Burr's efforts as well, we will finally be able to resolve this issue during the 111th Congress.

Finally, Mr. Chairman, I would like to thank you and Senator Burr for your efforts during the 110th. Veterans have certainly realized a lot of successes legislatively, and we look forward to working with you again.

Just as sort of a housekeeping note, I would like to inform the Committee that *The Independent Budget*, which has already been mentioned, for fiscal year 2010 will be available for download on the Internet next Monday, February 2. The Web site for that document will be www.independentbudget.org. We hope to be able to deliver hard copies to the Committee staff and to the individual Committee offices shortly thereafter. Many of the issues discussed here by my colleagues today and that I also discussed will be discussed in further detail in that document.

This concludes my testimony, Mr. Chairman. I would be happy to answer any questions.

[The prepared statement of Mr. Blake follows:]

PREPARED STATEMENT OF CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

Chairman Akaka, Ranking Member Burr, and Members of the Committee, on behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity to present our priorities for the 111th Congress. We hope that the Senate Committee on Veterans' Affairs will take our concerns under consideration as it prepares its legislative and policy agenda this year. We appreciate the legislative successes that veterans have realized under your leadership and we look forward to continued success in the future.

PVA continues to work on issues important to our members, veterans with spinal cord injury or dysfunction, specifically, and to all veterans. With this in mind, I would like to outline our priorities for the 111th Congress. They are:

- Advance appropriations for VA health care.
- Elimination of health care co-payments for catastrophically disabled Priority Group 4 veterans.
- Proceeding with the construction of a free-standing, tertiary care hospital in Denver, CO that includes a spinal cord injury center in accordance with the recommendations of the CARES commission.
- Improving recruitment and retention bonuses and incentives for nurses and allied health professionals.
- Increase in the adaptive automobile grant and an annual index to increase the value of the grant with the cost of inflation.
- Improvements to the claims process, including through updated information systems technology, and smooth implementation of the 21st Century GI Bill.

ADVANCE APPROPRIATIONS

Chairman Akaka, we were pleased that in September of last year you introduced legislation—S. 3527, the "Veterans' Health Care Budget Reform Act"—that would reform the VA budget process by providing advance appropriations for veterans' health care. The legislation was developed in consultation with the Partnership for Veterans Health Care Budget Reform (Partnership)—a group that consists of nine major veterans service organizations, including Paralyzed Veterans of America. For more than a decade, the Partnership has worked to achieve a sensible and lasting reform of the funding process for veterans' health care. While the Partnership has long advocated converting VA's medical care funding from discretionary to mandatory funding, there has been virtually no movement in Congress in this direction.

The Veterans Health Care Budget Reform Act would ensure that the goals of the Partnership—sufficient, timely, and predictable funding—are met. Historically, advance appropriations have been used to make a program function more effectively, better align with funding cycles of program recipients, or provide insulation from annual partisan political maneuvering. By moving to advance appropriations, veterans' health care programs would accrue all three of these benefits.

To enhance the budget process even further, the proposed legislation includes provisions to add transparency and oversight to VA's internal budget forecasting model. Due to the complex nature of VA's actuarially-based Model, S. 3527 would require GAO to conduct an annual audit and assessment of the Model to determine its validity and accuracy, as well as assess the integrity of the process and the data upon which it is based. GAO would submit public reports to Congress each year that would assess the Model and include an estimate of the budget needs for VA's medical care accounts for the next two fiscal years. Providing Congress with access to the Model and its estimates of VA health care's resource needs, would provide greater confidence in the accuracy of advance appropriations for veterans' medical care, as well as validate future requests for emergency supplemental appropriations. Once again, we appreciate your support for this proposal during the 110th Congress, and we look forward to the introduction of similar legislation and your continued support as we try to advance this legislation during the 111th Congress.

ELIMINATION OF CO-PAYMENTS FOR CATEGORY 4 VETERANS

In 1985, Congress approved legislation which opened the VA health system to all veterans. In 1996, Congress again revised that legislation with a system of rankings establishing priority ratings for enrollment. Within that context, PVA worked hard to ensure that those veterans with catastrophic disabilities would be placed in a higher enrollment category. To protect their enrollment status, veterans with catastrophic disabilities were allowed to enroll in Priority Group Four even though their disabilities were non-service-connected and regardless of their incomes. However, unlike other Category Four veterans, if they would otherwise have been in Category Seven or Eight, due to their incomes, they would still be required to pay all fees and co-payments, just as others in those categories do now for every service they receive from VA.

PVA believes this is unjust. VA recognizes their unique specialized status on the one hand by providing specialized service for them in accordance with its mission to provide for special needs. The system then makes them pay for those services. Unfortunately, these veterans are not casual users of VA health care services. Because of the nature of their disabilities they require a lot of care and a lifetime of services. In most instances, VA is the only and the best resource for a veteran with a spinal cord injury, and yet, these veterans, supposedly placed in a higher priority enrollment category, have to pay fees and co-payments for every service they receive as though they had no priority at all.

We were pleased that the House Committee on Veterans' Affairs approved and the House of Representatives eventually passed legislation—H.R. 6445—to eliminate this financial burden placed on catastrophically disabled veterans during the 110th Congress. In fact, the House bill received unanimous support from Republicans and Democrats as well as the VA. Unfortunately, the Senate never took action on the measure and the legislation was never enacted. We hope that with your leadership, we will finally be able to resolve this issue during the 111th Congress.

DENVER/FITZSIMMONS VA MEDICAL CENTER

As you may be aware, there has been a great deal of controversy concerning the VA plan for providing health care in the Denver/Rocky Mountain region. The ongoing controversy surrounding the Department of Veterans Affairs' decision to stop construction planning for a free-standing replacement hospital in Denver, Colorado and, instead, lease space from the University of Colorado Medical Center in a tower it plans to construct continues to generate opposition. The long awaited replacement facility which was to include a thirty bed spinal cord injury center was first approved by VA in 2002 and planning and design began in 2007 once Congress had appropriated funds.

Unfortunately, in early 2008 the VA suddenly and without notice stopped all development on a free-standing medical facility and began planning to lease space in a new medical center to be built by the University of Colorado, with financing by the VA. Moreover, the VA jettisoned the plan for the recommended 30-bed spinal cord injury center in Denver as outlined by the Capital Asset Realignment for Enhanced Services (CARES) report. The VA has since made additional changes to the plan for SCI care simply as a means to ease the concerns of PVA.

However, we believe the VA will not be able to meet several important benchmarks for SCI care while leasing in the new University of Colorado tower. First, we believe the spinal cord injury unit will not be created to meet VA's own design guidelines, including first floor location in the proposed new tower and dedicated SCI/D parking. Second, we do not believe that staffing requirements for the unit will be consistent with the guidelines agreed to by VA and Paralyzed Veterans of America. Third, we believe the new leasing arrangement will prevent PVA from the same access afforded us in other VA spinal cord injury centers to both counsel veterans and conduct site visits. Finally, VA's guidelines call for the establishment of spinal cord injury centers at a tertiary care hospital to ensure that the center is supported by the full range of medical and ancillary health services. We do not believe this new leased facility will support all the necessary medical specialties and services with VA staff.

Veterans' organizations on the national level have joined with their local affiliates in opposing this action by VA. In a letter sent to the previous Secretary of Veterans Affairs, James Peake, national veterans' organizations, including Paralyzed Veterans of America and the union representing VA employees, articulated our opposition and concerns and questioned whether this change in strategy was a first step in altering how VA has historically provided care. Veterans are rightly concerned that this may well be an approach that leads to greater privatization of services and ultimately lead to a diminution of VA and, specifically, its specialized services.

It is time for the VA to return to the previous long-term plan to construct a free-standing, tertiary care hospital in Denver, CO that includes a spinal cord injury center in accordance with the recommendations of the CARES commission. In the meantime, we hope that the Committee will monitor this situation closely so as to ensure that the VA is not laying the groundwork in Denver for a long-term health care delivery plan that could ultimately lead to lower quality of care across the entire VA health care system.

RECRUITMENT/RETENTION OF NURSES AND ALLIED HEALTH PROFESSIONALS

Given the VHA's leadership position as a health system, it is imperative that VA aggressively recruit health-care professionals and work within established relationships with academic affiliates and community partners to recruit new employees. In order to make gains on these needs, VA must update and streamline its human resource processes and policies to adequately address the needs of new graduates in the health sciences, recruits, and current VA employees. Today's health-care professionals and other staff who work alongside them need improved benefits, such as competitive salaries and incentives, child care, flexible scheduling, and generous educational benefits. VA must actively address the factors known to affect current recruitment and retention, such as fair compensation, professional development and career mobility, benevolent supervision and work environment, respect and recognition, technology, and sound, consistent leadership, to make VA an employer of choice for individuals who are offered many attractive alternatives in other employment settings.

VA's ability to sustain a full complement of highly skilled and motivated personnel will require aggressive and competitive employment hiring strategies that will enable it to successfully compete in the national labor market. VA's employment success within the VHA will require constant attention by the very highest levels of VA leadership. Additionally, Members of Congress must understand the gravity of VA personnel issues and be ready to provide the necessary support and oversight required to ensure VA's success.

ADAPTIVE AUTOMOBILE BENEFITS

PVA believes that an increase in the adaptive automobile assistance grant to an amount commensurate with the original intent of this benefit is essential. VA provides certain severely disabled veterans and servicemembers with grants for the purchase of automobiles or other conveyances. This grant also provides for adaptive equipment necessary for safe operation of these vehicles. When the grant was created, Congress initially fixed the amount of the automobile grant to cover the full cost of the automobile.

Because adjustments have not kept pace with increased costs, the value of the automobile allowance has been substantially eroded through the years. In 1946, the $1,600 allowance represented 85 percent of average retail cost of a new vehicle and was sufficient to pay the full cost of automobiles in the "low-price field." For 2008, the National Automobile Dealers Association confirmed that the average price of a new car was $28,500. The current $11,000 automobile allowance represents only about 39 percent of the average cost of a new automobile. In accordance with the

recommendations of The *Independent Budget*, we recommend that the grant be increased to 80 percent of the value of a new car. In order to achieve this level, the allowance should be increased to $22,800. Furthermore, an automatic annual adjustment must be established, similar to what was provided for the Specially Adapted Housing grant in the Housing Recovery bill enacted during the 110th Congress, in order to maintain the automobile grant's purchasing power as well.

VA CLAIMS PROCESS AND THE 21ST CENTURY GI BILL

Finally, we believe that a number of issues within the claims process must be closely monitored as the VA seeks to update and modernize the process. We were particularly pleased with the fact that Congress appropriated significant increases in funding for VBA over the last couple of years. Likewise, we appreciate the emphasis placed on hiring many new claims adjudication personnel. We have long argued that the only way to give the VA a fighting chance at overcoming the rapidly growing claims backlog is to provide for adequate staffing.

However, it is important to note that simply hiring additional staff is not enough. Equally important is to ensure proper training and accountability of claims adjudication staff at all levels of the process. While it is easy to blame first-line claims staff for improper ratings decisions, much of the blame also has to fall to the management within VBA. Performance measures for all levels of adjudication staff have wrongly focused too much on quantity of claims decided rather than quality.

PVA is also concerned that VBA is not really spending the new funding Congress has provided in the last couple of years in the manner that Congress intended and the veterans service organizations (VSO) desired. Specifically, we believe that VA is spending too much of this new funding on pilot projects and special programs rather than on basic hiring and systemic needs.

Moreover, we believe that VBA must accelerate the progress toward an electronic claims record system. As long as VA continues to use a paper file shipped around the country, the claims and appeals process will be done in an expensive and antiquated manner. Under the current system, VA staff need the actual claims file to act on claims. In a paperless, environment VA staff could act on claims without having to access a claimant's actual claims file. Additionally, transition to a paperless system will permit claims work to be seamlessly transferred to any of VA's regional offices, allowing for quicker decisionmaking on claims. As demonstrated by the Veterans Health Administration's outstanding electronic medical record system, similar gains in access to records can be realized in the claims and appeals process. We urge Congress to accelerate funding of VA's transition to an electronic claims record.

Recent hearings have demonstrated how far behind the VBA is in using information technology in its claims adjudication process. While we believe that the entire claims process cannot be automated, there are many aspects and steps that certainly can. We have long complained to the VA that it makes no sense for severely disabled veterans to separately apply for the many ancillary benefits to which they are entitled. Their service-connected rating immediately establishes eligibility for such benefits as the Specially Adapted Housing grant, adaptive automobile equipment, and education benefits. However, they still must file separate application forms to receive these benefits.

Furthermore, certain specific disabilities require an automatic rating under the disability ratings schedule. For example, it does not take a great deal of time and effort to adjudicate a below knee single-leg amputation. An advanced information technology system can determine a benefit award for just such an injury quickly. We believe that it is time for the VA to automate consideration of ancillary benefits and specific ratings disabilities that are generally automatic.

Finally, we are very concerned about the implementation of the 21st Century GI Bill, set to become available to eligible veterans and servicemembers in August. Progress toward an effective implementation plan began with much difficulty. While we believe that the VA is being as proactive as possible to ensure that the benefit is available accurately and on time, we remain concerned about whether the VA will actually be ready to go when the effective date arrives. The VA has continued to offer monthly updates on its progress and we believe continued oversight by the veterans service organizations and Congress will be critical throughout the spring and summer. In the end, any problems that lead to inaccurate payment of benefits or delayed payments will be unacceptable.

PVA appreciates the opportunity to provide our views on these important issues that the Senate Committee on Veterans' Affairs will address in coming months. If you need additional information on each of the topics outlined here, they will be discussed in much greater detail in the 23rd edition of The *Independent Budget*, which

will be released within the next two weeks. In the meantime, we will be happy to provide you with any additional information that you request.

Finally, we recognize that paying for many of these improvements will be difficult. However, we believe that this is a cost burden that this country must bear as veterans who have served this Nation with distinction and honor should be a top priority.

This concludes my testimony. I will be happy to answer any questions you may have.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. DANIEL K. AKAKA TO CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

PTSD

Just this morning, the VA Inspector General issued a report on the Temple, Texas situation. Many will recall that a psychologist at that facility wrote a strangely worded email which set off a firestorm of concern for those who are suffering from PTSD. In a word, the IG found no systemic effort on the part of VA to reduce the number of PTSD claims via inappropriate diagnosis.

Question 1. Is it your view that mental health issues, and particularly PTSD, are receiving appropriate attention, in terms of both compensation and care?

Response. It is apparent that the prevalence of mental health concerns in the current generations of veterans is more serious than ever before. While we believe that VA is making every effort to provide timely and effective treatment, we realize that it will take time to implement the level of care that is needed across the board. PVA does believe that VA is moving in the right direction. However, one hindrance to progress is the lack of training, compassion, and understanding that was evidenced by the particular clinician that created the need for the cited investigation. PVA has heard of cases where some treating physicians just did not believe that Post Traumatic Stress Disorder (PTSD) is a valid diagnosis, or that VA should be compensating veterans for it. Education and training of clinicians, VA disability evaluators, and other staff involved in working with veterans with mental health issues is paramount. Every VA employee should be held accountable for treating mentally ill veterans with the same compassion, understanding, and care that is expected for the physically disabled population.

As to the question of compensation for PTSD, PVA generally believes that compensation does not go far enough for veterans being compensated for serious disability, such as 100% total and permanent and those veterans receiving Special Monthly Compensation. Our view holds for veterans being compensated for physical disabilities, mental disabilities, or both.

COLLABORATION ON THE ISSUES

Question 2. How can your organizations collaborate to address the concerns of those who veterans who are returning after service in Iraq and Afghanistan?

Response. As one of the four co-authors of *The Independent Budget*, we have already begun incorporating the concerns of this newest generation of veterans into the policy portion of our document. In fact, in order to enlighten our discussion in the best way possible, we have included representatives from the Iraq and Afghanistan Veterans of America (IAVA) into the debate about what we will include in our recommendations. Moreover, the Partnership for Veterans Health Care Budget Reform has included IAVA in many of the discussions as we have developed our main policy priority for the 111th Congress—advance appropriations for VA health care.

Collaboration between groups such as IAVA, Student Veterans of America, and the larger veterans' service organization community was also critical in the passage of the Post-9/11 GI Bill. Throughout the development of that legislation, these groups, and the current generation of veterans that they represent, were turned to as the subject matter experts for what the final legislation passed by Congress should look like. In fact, we are currently in discussions with these groups to make additional changes to the legislation that was enacted to ensure that the best education benefit is available on August 1, 2009.

VBA STAFFING

In light of the increased funding for VBA staffing, there are high expectations that VBA will improve the quality of claims decisions, and to do so in a timely manner.

Question 3. What more do you believe Congress could do to assist in decreasing the backlog, and at the same time, improving timeliness and accuracy?

Response. While we appreciate the emphasis placed on hiring many new claims adjudication personnel, it is important to note that simply hiring additional staff is not enough. Equally important is to ensure proper training and accountability of claims adjudication staff at all levels of the process. While it is easy to blame first-line claims staff for improper ratings decisions, much of the blame also has to fall to the management within VBA. Performance measures for all levels of adjudication staff have wrongly focused too much on quantity of claims decided rather than quality.

Moreover, we believe that VBA must accelerate the progress toward an electronic claims record system. As long as VA continues to use a paper file shipped around the country, the claims and appeals process will be done in an expensive and antiquated manner. Under the current system, VA staff need the actual claims file to act on claims. In a paperless environment VA staff could act on claims without having to access a claimant's actual claims file. Additionally, transition to a paperless system will permit claims work to be seamlessly transferred to any of VA's regional offices, allowing for quicker decisionmaking on claims. As demonstrated by the Veterans Health Administration's outstanding electronic medical record system, similar gains in access to records can be realized in the claims and appeals process, as well as significant cost savings as VBA and the BVA move toward a "Virtual VA." We urge Congress to accelerate funding of VA's transition to an electronic claims record.

Recent hearings have demonstrated how far behind the VBA is in using information technology in its claims adjudication process. While we believe that the entire claims process cannot be automated, there are many aspects and steps that certainly can. We have long complained to the VA that it makes no sense for severely disabled veterans to separately apply for the many ancillary benefits to which they are entitled. Their service-connected rating immediately establishes eligibility for such benefits as the Specially Adapted Housing grant, adaptive automobile equipment, and education benefits. However, they still must file separate application forms to receive these benefits. That makes no sense whatsoever.

Furthermore, certain specific disabilities require an automatic rating under the disability ratings schedule. For example, it does not take a great deal of time and effort to adjudicate a below knee single-leg amputation. An advanced information technology system can determine a benefit award for just such an injury quickly. We believe that it is time for the VA to automate consideration of ancillary benefits and specific ratings disabilities that are generally automatic.

With this thought in mind, we believe that it is essential that VBA expeditiously adjudicate claims that can be adjudicated quickly. By tying into an advanced information technology system, the VA could identify and decide claims that can be granted quickly. We have observed through our national service officers in the field that oftentimes the VA continues to develop evidence in cases where the evidence already developed supports the grant of claimed benefits.

PVA also believes that centralized training better prepares ratings specialists at all levels. Training of rating specialists was historically conducted at the local level by the more senior staff. The VA now provides centralized training at its Veterans Benefits Academy located in Baltimore, Maryland and via the VA intranet. The Compensation and Pension Service also issues Decision Assessment Documents (DAD) in response to Court precedent opinions to inform staff of these decisions. The VA should be lauded for these actions. Furthermore, as we have called for in *The Independent Budget*, co-authored by PVA, AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, Congress should fully fund VA's training initiatives. Improved and continued centralized training should help reduce inconsistencies and disparities between Regional Offices and should improve consumer confidence.

Meanwhile, we believe the VBA should use experienced adjudicators to decide initial claims and to prepare Veterans Claims Assistance Act (VCAA) notice letters. Rather that using its most inexperienced adjudication staff to perform initial review of claims, VA should employ more experienced adjudication personnel to review claims to determine what information or evidence each claimant should submit to VA in order to support their claims. After identifying the evidence or information that is needed to substantiate each claim these more experienced VA adjudication personnel should then have the responsibility to prepare and send VCAA notice letters to each claimant advising each claimant of the evidence or information they need to submit to VA in order to substantiate their claims.

It also is important to realize that decisions made on appeal require greater expertise and often involve more complex questions of medicine and law. As such, it takes years to train a competent ratings specialist. Trainees and other adjudications

staff with little claims rating experience should simply not be conducting appellate review due to the complexity of these decisions. Increases in staffing today should be seen as an investment in the future. Unfortunately, in the end, staffing issues do not have a quick fix.

With regards to the VCAA notice letters, we believe that there is much room for improvement in their quality and readability. The only individuals impacted by what we deem to be substandard VCAA notice letters are veterans. Current VCAA notice letters issued by the VA tend to be long and contain complicated legal language that most average veterans cannot comprehend. By simplifying VCAA notice letters, claimants will have less confusion and will have a better understanding of the information and evidence that the VA needs to grant their claims.

We also believe that VA should not be reluctant to issue regulations overruling court opinions that have required the VA to provide unnecessary information in VCAA notice letters. VA often complains that much of the delays that it experiences in developing and adjudicating cases result from Court opinions "interpreting" the nature and content of an adequate VCAA notice letter. Congress should consider amending the law to direct VA to fill in the contours of an adequate VCAA notice letter by regulation.

The VA and veterans' service organizations can also explore opportunities to share resources for training. For example, PVA has prepared a Guide for Special Monthly Compensation (SMC) that has been adopted by the VA for use when training ratings specialists. This information has been included on the VA's intranet. The PVA Guide has also been distributed via BVA Special Monthly Compensation training. PVA staff also interacts with other veterans' service organizations at their training events. Moreover, Congress should require the VA to provide greater access for veterans' service organizations to VA's training modules.

We remain concerned that VA does not readily accept medical statements and medical opinions prepared by private physicians. Congress should enact legislation that requires VA to accept a medical report or a medical opinion provided by a private physician unless VA is able to articulate sound reasons for declining to accept the private medical opinion. Experience seems to suggest that VA adjudicators are disinclined to accept private physician statements or medical opinions simply because the statements or medical opinions are prepared by private physicians and not VA doctors. These actions occur regardless of whether the private physicians' findings are sound. By refusing to credit private medical statements or medical opinions, VA unnecessarily delays adjudication in many claims.

The veterans' service organizations play an active role in assisting veterans through their national service officer programs. As such, in recognition of the professionalism and expertise of the service officers who already work very close with VA staff, we believe certain opportunities to assist veterans filing claims should be expanded. First, Congress should authorize accredited veterans' service organization representatives to file any type of claim for the veteran without obtaining the veteran's signature. This will allow veterans to access benefits that they may not know are available in an expeditious manner. The VA should also authorize accredited service officers access to VA computer systems to input important data such as updates to personal information. This would relieve VA staff of some of the minutia that accompanies their own job responsibilities. It will also ensure that otherwise critical information impacting the claim filed by a veteran is updated in a timely manner.

OIF/OEF ILLNESSES

The Committee and, indeed, the full Congress, has focused a great deal of attention on mental health and TBI matters. Yet, the most common health condition of returning OEF/OIF veterans is not TBI or mental illness, but instead muscle and joint pain.

Question 4. Do you have proposals on how to focus on this number one health concern from those who have served in Iraq and Afghanistan?

Response. During the 110th Congress, PVA testified in support of legislation—H.R. 6122 and S. 2160—introduced in the House and Senate that would establish a system-wide pain care initiative within the VA. PVA supported the suggestion that comprehensive pain care in not consistently provided across the entire VA health care system. With that in mind, we were pleased to see that Public Law 110–387, the "Veterans' Mental Health and Other Care Improvements Act of 2008," included provisions that would require the VA to establish a comprehensive national pain management policy. Now we would encourage to the Committee to conduct extensive oversight to ensure that the VA is following through on this requirement. With a comprehensive pain care policy, the VA will be better prepared to meet the

needs of those veterans from Operations Enduring Freedom and Iraqi Freedom who present with muscle and joint pain issues.

We have seen firsthand the benefits of pain care programs as each VA facility that supports a spinal cord injury (SCI) unit also maintains a pain care program. Veterans with spinal cord injury know all too well the impact that pain, including phantom pain, can have on their daily life. The pain care programs that SCI veterans have access to have greatly enhanced their rehabilitation and improved their quality of life.

OUTREACH

Question 5. How are your organizations, individually or in some cooperative fashion, working to outreach to veterans and encourage them to take advantage of VA care and services?

Response. PVA is the only congressionally chartered veterans' service organization that represents veterans with spinal cord injury or disorders (SCI/D). Through National Office programs, our Veterans' Benefits Department's Field Services Programs, and our Chapters located throughout the country, we reach out to all veterans with spinal cord injury or disorder, regardless of whether or not they are a veteran of the current conflicts or previous eras.

PVA's Field Services program serves as the first point of contact in our outreach efforts to veterans. Through one of our more than 60 National Service Offices throughout the Nation and Puerto Rico, we contact veterans with SCI/D to introduce them to PVA and begin providing them with all of the information and assistance they will need to navigate the VA health care and benefits processes. We assist veterans and their families through every stage of the VA's claim process from initial filing of a claim for benefits to the Board of Veterans Appeals. At the same time, our PVA chapters located in many of the same locations provide peer support and counseling, particularly to newly injured veterans.

PVA is also unique in that it maintains an active Sports and Recreation program that serves as a different outreach arm. Through this program SCI/D veterans learn about opportunities within the VA, such as the National Veterans' Wheelchair Games and Winter Sports Clinic, as well as other sports and recreation opportunities that are available.

WOMEN VETERANS

Question 6. VA has said that sufficient programs and funding already exist to care for women veterans. What would you point to as specific problems or shortfalls with respect to women veterans and what do you recommend that the Committee do to address these concerns?

Response. Women have played a vital part in the military service throughout our history. In the last 50 years their roles, responsibilities, and numbers have significantly increased. Current estimates indicate that there are 1.8 million women veterans comprising nearly 8 percent of the United States veteran population. According to Department of Defense (DOD) statistics, women servicemembers represent 15 percent of active duty forces, 10 percent of deployed forces, 20 percent of new recruits, and are a rapidly expanding segment of the veteran population.

Historically, women have represented a small numerical minority of veterans who receive health care at Department of Veterans Affairs (VA) facilities. However, if women veterans from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) continue to enroll at the current enrollment rate of 42.5 percent, it is estimated that the women using VA health care services will double in two to four years. Based on DOD rosters received through May 2, 2008, there are a total of 868,717 military members who served in Iraq or Afghanistan and have since separated from active duty. Women have served 195,000 tours of duty in Iraq and Afghanistan; 89 percent were enlisted personnel who served in almost equal numbers on active duty and National Guard/Reserve components.

As the population of women veterans undergoes exponential growth in the next decade, VA must act now to prepare to meet the specialized needs of the women who served. Overall the culture of VA needs to be transformed to be more inclusive of women veterans and must adapt to the changing demographics of its women veteran users—taking into account their unique characteristics as young working women with childcare and eldercare responsibilities. VA needs to ensure that women veterans' health programs are enhanced so that access, quality, safety, and satisfaction with care are equal for women and men. We see the need for VA to re-evaluate its programs and services for women veterans and to increase attention to a more comprehensive view of women's health beyond reproductive health needs to include examining cardiac care, breast cancer, osteoporosis and colorectal cancer in

women. A plan should established that addresses the increased overall demands on ambulatory care, hospital and long-term care, gender-specific services, and mental health programs recognizing the unique and often complex health needs of women veterans. Mental health integration into primary care is also essential for provision of comprehensive women's health.

PVA would like to express our support for S. 252, the "Veterans Health Care Authorization Act of 2009," which includes provisions to address women veterans' health care needs. Finally, we would encourage you to review the extensive section on women veterans' health care needs in the FY 2010 edition of *The Independent Budget* which outlines significant recommendations that we believe can best address the needs of women veterans.

PAPERWORK

Question 7. What is your organization's opinion of VA's expanded paperwork protection policy that came about as a result of the Inspector General's audit which found that VA regional office personnel had mishandled some claims documents—is VA's new policy on shredding appropriate?

Response. We believe that the VA's rapid response to the "Shredding" issue has been more than adequate. Following disclosure of these incidences, PVA received timely briefings from the Undersecretary for Benefits and we were given an opportunity to provide suggestions and ideas as to how to address the problem. While it is atrocious and simply unacceptable that some claims adjudication staff would deliberately destroy claims or evidence, we have seen that VA did hold those individuals responsible and accountable for their actions.

One suggestion we would like to make is that accountability should be made a standard for all operations in VA and that evidence that accountability must be more commonplace. Accountability measures should not be taken primarily as a reaction to a high visibility investigation, as has been the case too often in the VA.

STIMULUS

Question 8. The Senate stimulus package includes appropriations for VA, especially $3.7 billion included for VA infrastructure projects. What are your views?

Response. PVA is pleased that the Senate chose to include a substantial amount of funding in the stimulus package. We were subsequently disappointed that funding for Major and Minor Construction was removed from the compromise Stimulus bill. The legislation identifies areas of significant need within the VA system, particularly as it relates to infrastructure needs. As explained in *The Independent Budget*, there is a significant backlog of major and minor construction projects awaiting action by the VA and funding from Congress. We have been disappointed that there has been inadequate follow-through on issues identified by the Capital Asset Realignment for Enhanced Services (CARES) process. In fact, we believe it may be time to revisit the CARES process all together.

We are also pleased that the Stimulus bill identifies two areas of particularly critical need—non-recurring maintenance (included in the Medical Facilities account) and grants for state extended care facilities. In the last couple of years, Congress has provided substantial increases in funding for non-recurring maintenance. The VA has historically not invested adequate funding into its maintenance needs. In fact, the non-recurring maintenance accounts were often cannibalized during periods of budget shortfalls. The funding included in the stimulus bill should allow the VA to begin to break the logjam of maintenance needs.

There is also a real demonstrated need for additional funding for state extended care facility construction. Considering the rapidly aging veterans' population and the growing demand for long-term care services, it is imperative that state grant funding be increased to better position the VA and states for the future.

RESPONSE TO POST-HEARING QUESTIONS FROM HON. BERNARD SANDERS TO CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

EXTENDED AND DIFFERENT HOURS FOR VA SERVICES

As I mentioned in my opening remarks, I have heard from many veterans who want to get to the VA for care but they can't make it because of work. I believe we need to increase accessibility of the VA to all types of veterans, including those with full-time jobs, by providing evening and weekend hours so that people won't have to choose between going to work and keeping a VA appointment. This could also help reduce missed appointments which waste time and resources of VA staff. My office is currently exploring what kind of authority VA needs to begin providing

extended hours on a one night a week and one weekend day a week basis, possibly in the form of a pilot program.

Question. What do members of the panel think about this idea?

Response. In recent years, the VA has undertaken a process to improve the management of patient access to care. This has been done through the Advanced Clinic Access Initiative. Through this initiative, the VA focuses on improving patient flow and demand which has a significant impact on access.

In a report released in 2008 by Booz Allen Hamilton which the Veterans Health Administration (VHA) contracted for, Booz Allen conducted an independent review of VHA's scheduling process and metrics in response to several VA Office of Inspector General (OIG) reports. The OIG reports found outpatient waiting times reported by VHA to be unreliable. In its final report, Booz Allen made a number of recommendations including VA needing to take aggressive steps to use fixed infrastructure more efficiently. The recommendations also included providing services at off-peak hours, such as early mornings, evenings, and Saturdays, when fixed assets are, currently, largely unused.

PVA believes that expanding VA clinic hours to evening and weekend schedules could certainly provide an excellent opportunity to address patient demands on the VA. However, it is imperative that VHA be given additional resources to account for this increase in workload. Expanding access hours will certainly increase the overall cost to the VA to provide health care.

Chairman AKAKA. Thank you very much for your testimony.

Now we will hear from Mr. Cullinan.

STATEMENT OF DENNIS CULLINAN, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS

Mr. CULLINAN. Thank you very much. Chairman Akaka, Ranking Member Burr, distinguished Members of this Committee, on behalf of the men and women of the Veterans of Foreign Wars, I want to thank you for asking us to participate in today's hearing.

I also want to salute you for conducting it so early in the legislative season. I think it is something that will allow us to move forward together in a more cohesive and effective manner, and we really appreciate your having done that.

I will just briefly touch upon some of our legislative priorities, all of which have already been addressed by my colleagues here at the time.

A sufficient budget for VA is the first thing I will talk about. The necessity for that is something we all agree upon.

With respect to advance funding, that is something that we now strongly support. With respect to that, this year's budget is a highly sufficient budget and it arrived on time. That is remarkable, not only in its sufficiency but in its rarity.

We do not think that VA funding is targeted for delay. It simply gets caught up in the annual budgetary wrangling that takes place, and that is why we continue to support advance funding for VA. It takes the VA funding out of that annual struggle and will allow the system to run more effectively and efficiently, and everyone benefits from that.

Another issue with us is women veterans. We are very pleased to learn that legislation introduced last year providing women veterans' health care is included in this year's S. 2552. We salute you for having done that.

Women veterans are still grossly under-represented in the system, and I am sure there are a variety of reasons for that. But this kind of legislation will provide not only better care, but we think increased utilization by women.

We would also mention to you another. Minority veterans need to be better cared for.

Rural veterans is something Senator Burr touched upon. With urban veterans, they too seem to suffer their own form of isolation at times. So that is a group that needs to be better provided for.

VA benefits and compensation: We salute the Congress for the additional resources and personnel that have put into the system. At this juncture, probably what is best needed is ongoing and stringent oversight by this Committee and the Congress with respect to the utilization of these resources.

Another issue, of course, is retention. We and others have talked about this before. Someone who is bright enough to be an adjudicator and persistent enough—especially in a city such as Washington as a great example—if they are able to do that type of job, well, typically they can do something else for a lot more money and a lot less stress in their lives. So, something that has to be looked at is how we do we keep adjudicators on board, given the rigors of their profession and the obvious fiscal temptation to go elsewhere.

Seamless transition: We strongly support that. It is an issue of medical records transferability between DOD and VA. It also touches on such things as training, job procurement and, of course, the implementation of the GI Bill. I think we all stand as one on that particular issue.

Military quality-of-life is a key issue with us. We very much appreciate the fact that there is money—additional money. I think it was $3.75 billion in the stimulus package for VA facilities, an additional in the billions amount for military housing, facilities, that kind of thing. We salute the Congress for having done that. It is very much needed.

And we would certainly maintain that it is shovel-ready in a sense, that both institutions—both agencies, departments—are in a state to spend the money right away. So it serves veterans, serves active duty military and serves the purpose of stimulating the economy.

Veterans employment: Again, things such as USERRA need to be more stringently enforced. The provisions of USERRA need to be more stringently enforced. There are still stories that we hear of people not getting their jobs back. Veterans' preference is another incident in hiring which needs to be monitored more closely.

The last thing I would mention here today is the 3 percent governmentwide procurement goal. Again, the Department of Veterans Affairs meets this goal amply. However, I do not know where else in the Federal bureaucracy—perhaps DOD—where that actually takes place.

And with that, Chairman Akaka, thank you very much. I appreciate your giving us this opportunity.

[The prepared statement of Mr. Cullinan follows:]

PREPARED STATEMENT OF DENNIS CULLINAN, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. Chairman and Members of the Committee: On behalf of the 2.4 million men and women of the Veterans of Foreign Wars of the U.S. (VFW) and our Auxiliaries, we appreciate the opportunity to present our views and concerns on this year's legislative priority goals for veterans.

VA HEALTH CARE

The VFW calls on Congress to pass a sufficient budget for the Department of Veterans Affairs so that it can properly care for all of America's sick and disabled veterans.

The VFW urges funding for the Department of Veterans Affairs to be sufficient, predictable and timely, ending the trend of the last decade wherein VA's budget has been delivered months late.

Congress must ensure that the unique health care and benefits challenges of OEF/OIF veterans are met, to include increased funding for Traumatic Brain Injuries and other related disabilities, as well as improved access to care, especially for veterans suffering from mental illness and for the growing number of women veterans accessing the system

The VFW calls on Congress and VA to increase priority given to women veterans by providing adequate services by hiring specialized health care providers and by providing training in gender-specific issues to help address shortfalls in gender-specific care and mental health care services for PTSD, Military Sexual Trauma and other needs.

The VFW urges the Department to improve outreach so that all veterans are aware of the range of health care services and benefits available to them, especially with female, minority and rural veterans, who may be less aware of their rights than other groups of veterans.

VA BENEFITS AND COMPENSATION

The VFW asks Congress to provide adequate resources to enable the Veterans Benefits Administration (VBA) to reduce the current backlog of claims.

To protect the needs of current and future veterans, the VFW opposes any changes to the current definition of "line of duty," structural changes to the programs for disability and survivors' benefits, or curtailment of veterans' or beneficiaries' rights of entitlement or to appeal benefit decisions.

SEAMLESS TRANSITION

The VFW demands a truly seamless transition for those men and women serving in uniform who are transferring from the Department of Defense to the Department of Veterans Affairs. We envision a system with a truly integrated electronic medical record that travels wherever the servicemember is stationed eventually to VA where it follows the veteran to wherever he or she receives health care.

The VFW urges Congress and the Administration to improve the transition services and benefits provided to our veterans to ensure a steady and safe return to civilian life, including viable training, employment and education programs that address the realities of the current and future job markets to provide meaningful careers and not just temporary jobs.

MILITARY QUALITY OF LIFE

The VFW calls on Congress to fully fund all programs that enable our troops to succeed in their mission. We must ensure our active duty, guard and reserve members are provided increased pay, affordable health care, and adequate housing and work facilities for themselves and their families.

EMPLOYMENT

The VFW calls on Congress to ensure that the provisions of the Uniformed Service Employment and Re-Employment Rights Act (USERRA) are strictly enforced.

Support the National Committee for Employer Support of the Guard and Reserve in its efforts to educate employers on the ever-increasing importance of hiring National Guard and Reserve members and the employer's responsibilities as mandated by USERRA.

Urge Congress to amend Public Law 106–50 to state that the three percent governmentwide procurement goal for Service Disabled Veteran-owned Small Businesses should be mandated and require agencies to report their procurement levels and held accountable if they fail to meet their three percent SDVOSB procurement requirement. We further urge Congress to exercise oversight to ensure adherence to existing laws related to SDVOSB and Executive Order 13360 with the goal of meeting and exceeding the three percent government procurement requirement for SDVOSBs.

We thank this Committee for the opportunity to share our views, and we welcome any questions.

[The VFW failed to respond to post-hearing questions submitted by Senators Akaka and Sanders prior to printing.]

Chairman AKAKA. Thank you very much for your testimony, Mr. Cullinan.

Now we will hear from John Rowan.

STATEMENT OF JOHN ROWAN, PRESIDENT, VIETNAM VETERANS OF AMERICA

Mr. ROWAN. Aloha, Senator Akaka and Senator Burr and the other distinguished Members of this Committee.

Chairman AKAKA. Aloha.

Mr. ROWAN. And, especially to new Members, we welcome you to the veterans community, which is really what we all are.

On behalf of the members of Vietnam Veterans of America and our families, I am pleased to present to you our legislative agenda for the 111th Congress and thank you for the work that was done in the 110th Congress because we have made significant strides; but still there is a lot of work left to be done.

Obviously, we continue to support, along with our colleagues, the advance appropriations for the VA budget. As has been mentioned, a lot of us have the same agenda. We kind of get together on these things even though we have different backgrounds.

We also obviously support the restoration of eligibility by 2012 for all Priority 8 veterans who choose to use the VA system.

We are concerned about transforming the VHA, the Veterans Health Administration, to an open evidence-based system that would include taking a complete military history for each veteran enrollee and using it in diagnosis and in treatment modalities.

We are also concerned—and it is a little off the veterans field—but there is a big movement now to create an electronic medical health record for everybody in the United States, and it is part of President Obama's new initiative and part of the stimulus package. When they roll that out, we want to ensure that the 80 percent of veterans in the United States who use the private medical sector find about issues as well, and that particular new electronic medical record system includes in the patient history section significant questions about military history.

And so, when they ask the question—which they have never done before in my life, in my 30 years with my HMO—are you a veteran, and they get my answer. When they ask, are you a Vietnam veteran, and they get the answer, they should ask further questions to make sure I get my prostate checked and make sure I get my—I am a diabetic already. So I do not have to get that checked anymore. But I mean they do not ask that question, and it is very important.

If we roll this important new phenomenon into the rest of the United States like we have in the VA, we need to make sure that the veterans who are out there and are not in the VA system get understood about what their health needs are. So, for the Vietnam veterans with Agent Orange, the Persian Gulf veterans with Gulf War Syndrome and the new veterans with God knows what is going to pop out.

We also are concerned about finally getting the VA to do the National Vietnam Veterans Longitudinal Study. We think that there

were so many questions about what has happened to Vietnam veterans and why we are dying at such a fast rate, and, frankly, we think higher than our peers who did not serve in Vietnam. That study would have told us why, and we might find some things out without waiting for the scientists to answer all the questions.

And, obviously, we are concerned about the pension system as well. I mean it is just ludicrous. I retired 8 years ago from the city of New York, and I was a manager. I walked out of there, working on a massive computer system, and I could read 1,500-page contracts online. Along with 10 other people reading the same contract at the same time. I do not understand why the VA cannot scan documents and set up a decent system.

We have a new proposal that we want to put on the table. We believe that the VA should create a Veterans Economic Independence Administration to be headed by an under secretary. Such an entity would take responsibility for: the Center for Veterans Enterprise; vocational rehabilitation services; veterans preference (which is not done very well in the government); and would be given functional control over the Veterans Employment and Training Service, which currently resides in the Department of Labor.

Frankly, as Dennis, I think, mentioned the 3 percent rule as well, nobody in this government lives up to the 3 percent rule, which says that service-disabled veterans and veteran-owned businesses are supposed to get preference in contracting. It does not happen, and we need to rectify that situation.

We think that if we created this entity inside the VA to focus on the economic independence of the individual veteran—whatever he or she wants to do, whether go to work, start a business or a combination of both, whatever the case may be—to focus on that aspect of the reintegration of people into society. And so, we really urge you to take a look at that and to consider that possibility.

We really do not even think it would cost very much. It might even save some money. We are just talking about moving people around and putting them under somebody. So you'd get a new Under Secretary of VA Economic Independence. That might cost a little bit, but we think it would be a worthwhile effort and certainly goes along with a lot of what our other colleagues have been talking about, particularly with the newer veterans coming back and getting into a new life in many cases.

But I must tell you, even some of my old Vietnam veterans, when they retire, often go into business because, frankly, nobody can afford to live on what they retire on anymore and especially in this economy. And so, that is a big component of what we see happening in the future.

And so, we urge you to take a look at this proposal, and we thank you for having this hearing, again, so early. I agree with Dennis. We like the idea of getting a running head start on this.

We look forward to working with everybody on the Committee, and we look forward to answering any questions you may have. Thank you.

[The prepared statement of Mr. Rowan follows:]

PREPARED STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
VIETNAM VETERANS OF AMERICA

Good morning, Senator Akaka, Senator Burr, and other Members of this distinguished Committee. On behalf of the members of Vietnam Veterans of America and our families, I am pleased to present to you VVA's main legislative priorities for the 111th Congress.

Too often, it seems to many that the government puts off dealing with the healthcare problems of entire generations of veterans. For instance, the Gulf War has been over almost twenty years and the government is finally confronted with evidence that is difficult to refute that there are real maladies associated with military service, illnesses that do not constitute as "syndrome" but are real and debilitating nevertheless. The government's actions are unacceptable. Hence the need for legislative remedies. What follows are priorities that, if enacted and enforced, will, it is our belief and our hope, make the VA more efficient in caring for our Nation's veterans.

• Enact legislation to provide Advance Appropriations to fund veterans' health care. On this issue, VVA is in lockstep with the other veterans service organizations that have come together in The Partnership for Veterans Health Care Budget Reform. This is our main priority. If legislation is enacted to make Advance Appropriations for the Veterans Health Administration the law of the land, it will enable VA managers, at VA medical centers and VISNs, to actually plan for the next fiscal year while Congress debates the budget. And, while Congress has been quite generous to veterans in the 110th Congress, as you are well aware, Congress has been late 19 out of the past 22 years in passing the budget. We believe that Advance Appropriations will solve many of the problems encountered by the VHA, and will enable veterans health care to realize a predictable, reliable, sufficient and, perhaps most important, timely funding stream.

• Legislation also should ensure the restoration of eligibility by 2012 for all Priority 8 veterans who choose to use the VA health care system. To ensure that the system can accommodate them, we believe Congress should mandate that the VA increase the income ceiling by $5,000 every six months. We do not advocate the wholesale entry of Priority 8s into the system, as the system will be overrun. But you will be wise to note that Priority 8 veterans, along with Priority 7s, account for 40 percent of third-party reimbursements into the VA's coffers. To a very great extent, they do pay for themselves.

• Legislation may be needed to transform the VHA to an open, evidence-based system. This should include taking a complete military history for each veteran enrollee and using it in the diagnosis and in treatment modalities. It would also include verifying that all VA physicians and other clinicians complete each of the Veterans Health Initiative curricula in the wounds, maladies, illnesses, and other conditions that derive from military service, e.g., one's branch of service; when one served; his/her M.O.S. (Military Occupational Specialty); where one served and when; and what one actually experienced. This should help transform the VHA into a wellness system that focuses on prevention, early and effective interventions, and innovative methods of motivating enrollees toward healthy lives as well as innovation that evolves into better and more effective treatments.

• Legislation is needed, again, to mandate that the VA finally conduct the National Vietnam Veterans Readjustment Study (NVVRS), which would illuminate the health status, both physical and mental, of Vietnam veterans—men, women, minorities. The VA has consistently refused to do this study, citing what we believe are fallacious reasons. Congressional action, therefore, is very much needed.

• And congressional action is needed to ensure that the VA, as well as the National Institutes of Health, ensure that research is done on the health effects of exposure to Agent Orange, to dioxin. We ask specifically for research into the potential intergenerational effects of a parent's exposure on his/her children and grandchildren. We receive far too many calls from these folks telling tales of birth defects and learning disabilities that they were born with and that have been passed down to their children and they wonder: Could these health problems derive from a parent's exposure in Vietnam to Agent Orange? We wonder this, too.

• Additional legislation will be needed to revamp the VA's compensation and pension system, stipulating the integration of state-of-the-art IT to include artificial intelligence, competency-based testing of all service representatives and adjudicators, and other necessary reforms. Legislation also should be enacted to automatically give veterans who file claims for benefits at least 30 percent if their initial claim is not adjudicated within 90 days, or if their appeal is not decided within 180 days from the time of filing. Additionally, legislation should provide for an across-the-board 25 percent increase in payments for all veterans receiving benefits, including

DIC and non-service pensions, to help them negotiate the economic realities in these hard times.

• Legislation is needed that would mandate the creation within the VA of a Veterans Economic Independence Administration, to be headed by an Under Secretary. Such an entity would take responsibility for the Center for Veterans Enterprise, vocational rehabilitation services, veterans preference, and would be given functional control over the Veterans Employment and Training Service, which currently resides in the Department of Labor.

• The VA health care system has evolved principally on the medical needs of the male veterans. However, according to figures supplied by the Department of Defense (DOD), 20 percent of new recruits are women, almost 15 percent of America's active duty military are women, and nearly half of them have been deployed to Iraq and Afghanistan. This has particularly serious implications for the VA healthcare system because the VA itself projects that by 2010, over 14 percent of all veterans seeking VA health care services will be women, compared with two percent in 1997. VVA is requesting congressional legislation to bring into modern times, the delivery of the VA's medical and mental health care for women veterans, which would also ensure that the VA would eliminate disparities in care based on gender. It would also ensure that the resources are appropriated to make steady progress toward the goal of virtually eliminating veterans who are homeless by 2012. Part of the need is for additional authorizing legislation, and part of what is needed is full funding of programs that have been proven to work, such as the DOL Homeless Veterans Reintegration Program (HVRP, which is currently authorized at $50 million).

These represent our significant priorities. We have as well a wish list of legislative actions that we will present to you shortly, that focus on specific areas of concern.

Now, I thank you for your interest and consideration of these issues, and I will be pleased to respond to any questions you may have.

[VVA failed to respond to post-hearing questions submitted by Senators Akaka and Sanders prior to printing.]

Chairman AKAKA. Thank you very much for your statements and your testimony.

Before we begin our questions, I want to inform our Members and our witnesses that we expect an 11 a.m. vote, and our goal is to try to get to that vote at 11. So, let's begin with the questions.

My question is for the panel, and it has to do with health care financing. You have all listed VA health care finance reform and advance appropriations as a top legislative priority. Given that the budget for the current fiscal year was enacted on time and with a record-setting amount, what would you say to those who say that advance appropriations is therefore not needed?

Mr. CULLINAN. Mr. Chairman, if I may, I will begin.

As I mentioned earlier, we very much appreciate what the Congress accomplished with this particular budget package, but it is absolutely no guarantee it is going to happen in the near future. Undoubtedly, I think in our collective view, there will be entanglements in the future with respect to funding. So the need for advance appropriations is still there.

Mr. BLAKE. Mr. Chairman, I shared a document that I put together with some other Appropriations Committee staff who had asked us the very same question.

If you were to use the THOMAS Web site and go look at the appropriations bills that go back as far as THOMAS goes, which is 20 years, you would find that in those 20 years only 3 years saw the appropriations actually passed prior to October 1. In fact, in many cases, you will find that it was passed in December, January and, in a couple of cases, February.

So, while we certainly appreciate everything that has been done in the last 2 years, and the fact that the appropriations bill was enacted prior to October 1 last year, I would say that that suggests an anomaly, not the norm.

Chairman AKAKA. Thank you.

Mr. ATIZADO. Mr. Chairman, if I may?

Chairman AKAKA. Mr. Atizado.

Mr. ATIZADO. There is another issue I think has not been addressed by my distinguished colleagues, and that is the other provisions in the bill—in the bill which you introduced—which includes a transparency of the budget process. I mean we just received a GAO report a couple weeks ago talking about VA's long-term care budget projections, which they found to have some questionable data used to drive their budget proposal.

We believe that having that provision in the bill which you introduced is another key feature that would help not only foster a meaningful debate between Congress and the Department as well as the veterans services organization, but to be able to do so on equal footing—talking about the same kind of data, apples-to-apples sort of things. I think that would go a long way. That does not, I believe, currently exist now with the current budget process.

Chairman AKAKA. Thank you.

Any other comments?

Yes, Mr. Stoline.

Mr. STOLINE. Yes, sir. Thank you.

We are concerned. It is the delivery of the health care we are concerned about. From our field service representatives, they are getting information from the various facilities that they do not have the money soon enough to plan properly for the hiring of personnel and for the provision of equipment, and so that is our main concern.

While we appreciate the timeliness up here in the Congress of the passage of the appropriation it has to be followed through to the veteran who needs the service. That is why we think with a budget known a year in advance the Congress can hold the VA accountable for not providing those services in a timely and efficient manner.

Mr. BOWERS. Mr. Chairman, if I could just build off of that also. We are finding that a lot of our membership, as they return and get out of the military, are going to work for the VA; and they act as a very effective conduit to let us know what some of the issues are. Some of the problems that we have found is that they have difficulties in regards to increased hiring and also advancements of programs that provide direct outreach to servicemembers. Every year, they basically are put on pause for a few months until they find out what their budgets are going to be.

So, it is the continuity of care that we are pursuing. By having the advance appropriations, it will really help that tremendously.

Chairman AKAKA. Thank you.

Mr. ROWAN. We concur.

Chairman AKAKA. Thank you. Thank you very much, Mr. Rowan.

This is just a quick comment, Mr. Stoline. I appreciate The American Legion's support of providing benefits to the Filipino World War II veterans. It appears, though, that we have a dif-

ference of opinion on the appropriateness of the offset that would pay for these benefits. The validity of the *Harkness* court decision will be revisited during a legislative hearing later this session, and we look forward to working with The Legion on the specifics of that decision.

So, I just wanted to make that comment. You did mention that in your testimony.

Mr. STOLINE. Thank you, sir. And we also provided in our written testimony some alternative views on how that could be paid for.

Chairman AKAKA. Thank you. Thank you very much.

Let me then call on Senator Burr for his questions.

Senator BURR. Thank you, Mr. Chairman.

I think it is evident that high on the list of everybody's priorities is the budget issue. Let me share something with you.

We contacted the Congressional Research Service. They were very specific. To go to an advance budget process does not require legislation. The Congress has it in its power to adjust the internal process to produce a budget that would pre-fund. So the fact that we are all calling for legislation, it is not required.

Congress can, tomorrow, determine that we are going to do an advance budget for VA, and we have the power to do that. You just have to convince the Chairman of the Budget Committee and the Chairman of the Appropriations Committee. So it does not require a legislative remedy.

I agree with all of you that timely, predictable, sufficient budgets are absolutely essential, and I think most of us at some time or another have complained about the fact that VA budgets and VA appropriations are held hostage to the overall appropriations process.

Let me share one concern that I have. I have yet to find a piece of the Federal Government that can adequately predict what an appropriate amount is for next year of any agency.

I would assume that if I asked all of you what gauge to use to determine that budget in advance, you would probably suggest the VA Enrollee Health Care Projection model.

Well, GAO, for the VA's 2005–2006 budget shortfalls, said that that resulted from unreliable data. We all agree that the data VA uses to process all their information is usually 2 to 3 years out of date. So, in essence, to do advance appropriations we would rely solely on what we know is outdated data. That is what I am hearing you ask for.

Let me pose a question to all of you and get you to respond. If, in fact, we took a different approach and we said this: that if the VA appropriations are not completed by October 1, we would automatically put into place for that year—regardless of who they are—the President's budget number for the VA. Would that suffice?

Mr. STOLINE. The American Legion has talked about that issue, and we have concerns about it, that it would not suffice. We do not think that the Congress should give up its constitutional duties to appropriate funds to a Presidential budget that might be politically driven and might actually lower the amount of funds available, thus forcing us to accept that amount.

I know you think it might be a form of mandatory appropriations, but we do not see it that way.

Mr. CULLINAN. Senator Burr, I would just add that what you just described, that kind of concurrence would have to occur annually, I assume, where the Congress would just go ahead and say, all right, we will fund the VA in advance, lacking legislation.

So, at least to my mind, that would amount to almost the same thing as what we have. The Congress would have to say every year, OK, we will go forward with this funding on time.

With respect to the President's budget, I cannot think of an exception where we have not found the President's budget submission—regardless of who it is, Democrat or Republican—having been lacking. So, we have had to go to the Congress, and the Senate especially has been terrific in answering the call, the veterans' call for sufficient funding.

So you have two things. That kind of process that you just described would be an annual process which is similar at least to what we have already got. And, second, in the past, the President's budget just has not been up to snuff with our funding recommendation.

Mr. BLAKE. Senator, might I ask you a question?

Senator BURR. Sure.

Mr. BLAKE. In your proposal, would that be sort of the short-term fix each year until the appropriations bill would then be completed? Is that what you are suggesting?

Senator BURR. Clearly, we can pursue any avenue. What I have tried to address is timely, predictable, sufficient.

I do not believe there is a President that is going to propose, regardless of what party they come from, something they perceive to be less than needed. It may not be everything everybody wants, but not less than needed.

The Congress has the ability, as we have shown every year since I have been in the U.S. Senate and I think the U.S. House, that if there was a shortfall they stepped in with some type of supplemental funds.

What I am trying to do is find some common ground where we do not lock ourselves into a budget that is computed based upon bad data which might have a bad outcome, meaning a shortfall, where continually we are relied upon to go back and have to do supplemental appropriations throughout the year. And I would imagine every time we find some way to pay for it, there is going to be an objection, possibly by somebody in the room if not somebody in the country, because we are going to take their money.

In fact, here is a way to get on October 1 the surety that funding is in place, that planning can go on within the VA and, if in fact for some reason, the Presidential budget was insufficient the Congress has the ability to step in and do a supplemental at that time.

If not, we have locked ourselves into a budget a year in advance, potentially, only to get to the October prior to and have everybody tell us that the amounts are insufficient.

So, either way, the likelihood is somebody or all of us collectively will say they are insufficient. The remedy is the same. We can choose collectively now to go with a pre-funded budget by year or we could say let's punt. And, if, in fact, Congress cannot do their business, if it is caught up in a process where the VA is held hos-

tage, then the President's budget numbers trump and they take effect on October 1.

I just ask you all to think about it. My time is expired.

Thank you, Mr. Chairman.

Chairman AKAKA. Thank you very much, Senator Burr.

Senator Sanders.

Senator SANDERS. Thank you very much, Mr. Chairman.

I very much appreciated your testimony. What I find exciting is I think we are pretty much on the same page. I think we have made some progress in the last 2 years. I think under President Obama we are going to make more progress, and it is imperative that we continue to work together on many of the issues that you have raised and Members of the Committee have raised.

Let me just start off with Carl Blake.

Mr. Blake, can you tell the Committee why you think the Automobile Grant Program needs to be updated and why is it an important benefit; and would you support legislation to increase the existing benefit from $11,000 to $22,500 and include an index for annual adjustment of the benefit so that it always covers 80 percent of the cost of a new car?

Why is this an important benefit and who utilizes it?

Mr. BLAKE. Well, Senator, in answer to the second part of your question, we would absolutely support legislation as we have done in the past. It is also outlined in great detail in the *Independent Budget* as it has been in years past.

Interestingly, this benefit is tied to some degree to the Specially Adapted Housing Grant. Both of these benefits are meant to increase independence and help individuals who incur a catastrophic disability to recognize things that they might not otherwise be able to achieve. Those are: owning a home; and independence through having their own automobile.

Last year, the Congress did improve the Specially Adapted Housing Grant and I think achieved a level where it is not likely you will hear us talking about that much further because there was an index added to that.

We were disappointed that the Adapted Automobile Assistance Grant did not include the same kind of an increase. Much like the Adapted Housing Grant had done over the years, the value of this particular grant has eroded significantly.

Senator SANDERS. Very briefly, explain to everybody what the Adaptive Automobile Grant is.

Mr. BLAKE. Well, it is basically a grant that allows an individual, once they purchase a car, to then pay for everything that is necessary to accommodate their disability—any type of adaptive equipment, whether it be for hand controls. In cases where an individual has a temperature control issue, it could pay for air conditioning or a different type of heating system or lifts.

Senator SANDERS. In other words, what we have is veterans coming home who do not have the capability to drive a normal car, and what this does will upgrade or make the improvements in their car so that they can get the transportation that they need. We look forward to working with you on that.

Let me throw out to all of the VSOs a very simple issue, and you tell me if I am missing something here. I have found in Vermont

that we have CBOCs—and I am a great fan of CBOCs. I want to see CBOCs expanded. But, unfortunately, not everybody gets sick or needs to go to a doctor, has the time to go to a doctor Monday through Friday, 8:30 to whatever it may be, 5.

I have never understood why the clinics are not kept open at least some evenings a week and maybe on Saturdays to accommodate people who have time concerns, i.e., maybe they work or something. Is that sensible?

Who wants to comment on that?

Mr. ROWAN. Yes, I will jump in.

I think that we have agreed and then talked about that idea in previous testimonies years ago, about the idea of expanding the hours of all the clinics in the VA system, period—not just the CBOCs, but also the clinics associated with the hospital systems.

Senator SANDERS. Right.

Mr. ROWAN. We are still seeing some problems with timeliness and the problems with the ability, even within the hours that we are constrained to, of getting appointments.

Senator SANDERS. Right.

Mr. ROWAN. And I can give you an example. I had to cancel an appointment I had yesterday because I had to come to D.C. for a meeting, and my next appointment—because the first available appointment from my primary care doctor, and this was just a visit to check on my test scores—will be in March; well over a month.

Senator SANDERS. Right.

Mr. ROWAN. And so, yes, I fully concur with the idea of getting more people into the system, more people and more hours, especially for those who are still working.

Senator SANDERS. What about Saturday hours, maybe even Sunday and evening hours? Does that make sense to people?

Mr. ROWAN. Use the facilities.

Mr. ATIZADO. Senator Sanders?

Senator SANDERS. Mr. Atizado.

Mr. ATIZADO. Thank you, sir.

I believe VA had, I am not sure if it was in testimony or as a press release, had mentioned extending clinic hours. The question at this point is how many and to what extent, because any increase in operation hours may not necessitate an increase in their manpower. And it is obviously a great idea.

I mean, as my colleague here had mentioned, there is a capacity issue in VA. I think it is a reasonable tool to have.

Senator SANDERS. Other thoughts?

Mr. STOLINE. The American Legion would support more access for health care for veterans, and that would be one way to provide it.

Senator SANDERS. Do we know? I am just raising this question to anybody. Is there any reason now why a CBOC or a medical facility in any State in the country could not have extended hours other than budgetary issues?

I suspect there is not any. They could do it or they could not? Yes, they could. OK. So it is basically a budgetary issue.

OK. My time is expired. Thank you very much, Mr. Chairman.

Chairman AKAKA. Senator Johanns.

Senator JOHANNS. Mr. Chairman, thank you.

And thanks for your testimony. I appreciate it.

I have one question. I am not exactly certain who wants to respond to it, but let me put it out there.

We have a rehabilitation hospital in Lincoln called Madonna. It is first class. I know people who have been serviced there or served there, and it just really is outstanding.

As I understand it, there is a relationship with Madonna in the Western Iowa and Nebraska Regional VA System. They contracted for services out of this facility.

I would like to hear your thoughts about this approach, kind of a public-private sort of approach, especially in areas like my State where you have a lot of rural area and somewhat limited services. Do you see more of this happening?

Is it a good idea? Is it something we should be pursuing?

Mr. CULLINAN. Senator, speaking for the VFW, we support providing care on a contract basis when it is necessary in situations where the care in rural remote areas where a VA provider simply isn't available. In situations where certain types of specialty care isn't available, that happens quite a bit.

One concern of ours, and I believe of the rest of the group here, is that contract care not somehow supplant VA. That is something that goes back as long as I have been around, which is quite a while, that VA is a national treasure, that it be protected, that the resources that it offers veterans continue to be provided. In order to do that, the system has to stand as a piece, as a whole.

But there are certainly instances where it is appropriate, and we recommend that.

Mr. ROWAN. Senator, I would concur with that. I mean one of the things that is very clear, all the VA hospitals are associated with major medical facilities, and that is where they get most of their staffing from, frankly.

So if there is a situation, even where there is not a distance issue, if there is just, if you got the better brain surgeon in the hospital next door, send that person to that doctor. I mean that happens on occasion. You see that, and we fully support that kind of program.

We really think it is an issue with the mental health facilities where there is just not enough folks in the VA system to go around. I go back to the days in the Vietnam era when we had fee-basis provider stuff, particularly where some veterans really needed one-on-one counseling and not group therapy, which is the basis of the Vet Center program. And so, we fully concur with that idea.

But, again, with my colleague, we have a VA system for a reason, and we want to continue to support that VA system. We have watched it change and become more accessible. We fully concur with that idea.

Mr. BOWERS. One of the recommendations that we made was that the Secretary of the VA design and implement national guidelines to instruct VA facilities when it is appropriate to contract with local community health care providers. The reason being: that in working with a lot of our membership, we found that rural veterans—which the Iraq and Afghanistan conflicts have relied heavily on—fell into these gaps, fell into these problems.

We have not been able to identify sort of a nationwide ruling that really gives clarity to this process. By establishing that process, whether it be through a report or study, really could answer a lot of these questions right off the bat.

Senator JOHANNS. That is all I have, Mr. Chairman, other than to say I really appreciate your approach to this because I agree with you.

The VA is a treasure. We want to protect that, enhance it and do everything we can to improve it. But there are circumstances where that facility is there, and it provides the kind of service you need, and we should look at that. So I appreciate your thoughts on it.

Thank you, Mr. Chairman.

Chairman AKAKA. Thank you, Senator Johanns.

Senator Tester.

Senator TESTER. Thank you, Mr. Chairman.

I want to start by saying I appreciate what each one of your folks' organizations do in helping fill in the gaps and addressing families and issues. I do not take that lightly. I really appreciate each and every one of you folks and what your organizations do for veterans in this country.

The Chairman and Ranking Member both talked about advance funding with their first questions, and I think almost every one of you guys put it in the top three when you were talking.

Just a clarification, Dennis, I am going to pick on you for a second. When you were all talking about advance funding, I interpreted that as mandatory funding. Can you tell me the difference?

Mr. CULLINAN. Carl could actually do a better job. Let me take a stab at it.

Senator TESTER. Well, he can as well.

Mr. CULLINAN. Mandatory funding is basically funding VA in accordance with a formula. You establish a base line, say the current fiscal year. You adjust it by, say, 20 to 30 percent, and every year you adjust it on a percentile basis, basically.

Advance funding is a situation where you say, OK, once it is set in motion, the funding, not for the immediately upcoming fiscal year but the one after that, gets adjudicated by the Congress. It is decided upon and, OK, it is ready to go.

Senator TESTER. OK.

Mr. CULLINAN. So that is the difference in a very simple way.

Senator TESTER. That is all I needed. Thank you.

I want to jump to a different area that probably was not addressed in any of your testimony, but its something that I have been hearing more and more about, mainly because of PTSD and TBI and other mental health conditions leading to lasting physical and psychological problems. We have veterans that suffer these injuries and go undiagnosed and, unfortunately, untreated. We end up with disruptive acts, depression, substance abuse. The list goes on and on and on.

Several States have recognized this by setting up specialized courts and sentencing procedures to assist veterans of nonviolent crimes. Is there a need for veterans' courts nationally?

Go ahead.

Mr. ROWAN. Yes, to be simple about it.

Actually, in Buffalo, New York, one of my national board of directors members is the County Commissioner for Veterans Affairs up there, and he was very heavily involved in establishing the veterans' court in Buffalo. It has proved to be very useful in the short period of time that they have utilized it.

And what they have been able to do is nip in the bud the problems of exactly what you talked about, that those of us that go back to the Vietnam era remember, which is the usual deterioration that starts off usually with drug abuse or simple assault nonsense, which then, of course, escalates into something much more horrible, which puts people in incarceration for the next 40 years.

So, we fully support the idea of this. We have asked. We have watched a number of people. I have just talked to some, and Wisconsin apparently is going to try to do it Statewide. We have heard other States that are looking at it, and it has been particularly helpful when you find that the chief judge or the DA is a Vietnam vet.

Senator TESTER. That is good.

Do all the rest of you support that idea of a veterans' court? And, if any of you have any negatives toward it, could you tell me?

Mr. STOLINE. Well, The American Legion is a resolution-based organization, and I do not believe we have one on that particular issue. But on the standpoint of diverting a veteran from the criminal justice system and take care of his problem, we would be supportive of that issue.

Senator TESTER. What role do you think the veterans organizations would play in a veterans' court?

Mr. ROWAN. I can actually talk about that. In Buffalo, again, my local VVA chapter there, we actually utilized their members as mentors for the folks who come into the court system, so that they not only have to go through the mandatory counseling and other programs, but they get assigned somebody to be able to sit and take them through the rest of the whole nonsense that everybody has to deal with coming back.

Senator TESTER. OK. What role would the Veterans Administration itself play in veterans' courts, if any?

Mr. ROWAN. Well, again, we are really going to the VA as the primary care provider for both physical issues and mental health issues.

Senator TESTER. All right. I just want to tell you that there is a wealth of information you folks have put in your testimony, both written and verbal, and I think there is some good stuff that we can take away from this hearing.

Thank you very much for being here.

Chairman AKAKA. Thank you very much, Senator Tester.

Senator Begich.

Senator BEGICH. Probably 1 or 2 minutes, I will be very quick.

I actually would be interested, and I am going to say it to you but actually to Senator Tester. We have wellness courts in Alaska—mental health courts that have been very, very successful in dealing from the veterans' end up. We try to guide them over there—especially returning veterans—when there is an early situation. So the idea has worked very successfully.

It is more expensive, but the end result is it is holistic. And it is not just about the veterans; it is about their family and other situations that occur. So, I think it is a very good idea.

I want to ask a general question, well, two questions. First, do you all—and this is as a new Member to the Senate, as a new Member here on this Committee—do you have a regular process that you, as organizations working with members, work with the VA; not as individual organizations, but where you sit down as a working group and try to streamline or talk about their systematic problems?

Because that is a lot of what I hear about the VA. I think there is a great service they provide, but they have major systematic problems, that delivery of service is pretty limited.

Do you have a formal process or is it just whoever can get to them that week gets to them?

Mr. ATIZADO. Senator, I do not believe there is an actual formal process. If I am hearing you correctly, something like a working group?

Senator BEGICH. Yes.

Mr. ATIZADO. To deal with the hot topic of the week or the month or whatever.

Senator BEGICH. Because as we come and go, it is the systematic issues that we want to make sure happens—the long-term care.

Mr. Chairman, I always forget how the bells work. So you have to guide me. I am sure staff will grab me any second here.

Would that be of interest if there was a formal process that you as organizations collectively work?

Mr. CULLINAN. Senator, I would just add that on the part of the VFW, we have our National Veterans Service, and they interact with VA on a regular basis. They attend meetings. They participate in these meetings. So, there is a regular interaction.

Additionally, we have our Independent Budget for VA which represents a group of veterans organizations getting together, working together in a systematic way to address not only funding issues but policy issues as well. So all the organizations interact with VA, participate in these meetings, and additionally we have our Independent Budget. We have the partnership we refer to in support of funding.

Mr. ROWAN. Senator, I was just checking with my staff. My understanding is that the Secretary of the VA meets on almost a monthly basis with a lot of the leaders of all major organizations—on a regular basis—to either bring up new issues or talk about problems. Like with the GI Bill: when they were moving forward with that and wanted to propose to contract it out, we nipped that in the bud. So, I mean those.

We do have a continual interaction with them, I believe. It is not as formal perhaps as you may be discussing.

Senator BEGICH. Right. OK. Mr. Chairman, because of time I will stop at that point.

Again, your testimony has a lot of good detail into it. I will probably have some questions. Through my staff, I will get back to you based on some conversations that have occurred here.

Chairman AKAKA. Thank you very much, Senator Begich.

I want to thank the panel very much for your testimony. You have given us a better understanding of your organization's legislative priorities, and this is what the hearing was for today.

I have additional questions, and I am sure that other Members of the Committee also have questions. I will submit, and they will submit their questions for the record. Perhaps we will do that as quickly as we can.

We do have that 11 a.m. vote, as I said, which you have heard on the clocks.

So, again, I want to thank you very much for your testimony, and we look forward to working with you this year. As you can tell, we have much to do and we have to take the time to do it as quickly as we can. Again, thank you very much.

This hearing is adjourned.

[Whereupon, at 11:03 a.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF LTG THEODORE G. STROUP, JR., USA (RET.),
VICE PRESIDENT, ASSOCIATION OF THE UNITED STATES ARMY

Mr. Chairman and Members of the Committee: Thank you for the opportunity to present the views of the Association of the United States Army (AUSA) concerning veterans' issues. Both in personal testimony and through submissions for the record there exists a long-standing relationship between AUSA and the Senate Committee on Veterans' Affairs. We are honored to express our views on behalf of our members and America's veterans.

The Association of the United States Army is a diverse organization of over 105,000 members—active duty, Army Reserve, Army National Guard, Department of the Army civilians, retirees and family members. An overwhelming number of our members are entitled to veterans' benefits of some type. Additionally, AUSA is unique in that it can claim to be the only organization whose membership reflects every facet of the Army family. Each October, at our Annual Meeting, our membership has the opportunity to express its views through the consideration and approval of resolutions for the following year. These resolutions provide the base upon which the Association's leadership builds its legislative agenda.

Each year, the AUSA statement before the Committee stresses that America's veterans are not ungrateful. Much of the good done for veterans in the past would have been impossible without the commitment of many who serve on the Committee and the tireless efforts of its professional and personal staffs.

The inherently difficult nature of military service has never been more self-evident than during the current conflict. While grateful for the good things done for veterans, AUSA reminds our elected representatives that we consider veterans benefits to have been duly earned by those who have answered the Nation's call and placed themselves at risk.

AUSA is heartened that Congress has expressed a commitment to support America's veterans. Despite this, many are concerned that the declining number of veterans in Congress might in some way lessen the value this institution places on veterans and their service to the Nation. We, at AUSA, do not share this opinion. AUSA is confident that you—well-intentioned, patriotic men and women—will faithfully represent the interests of America's veterans during fiscal deliberations.

As elected representatives, you must be responsible stewards of the Federal purse because each dollar emanates from the American taxpayer. AUSA emphasizes that the Federal Government must remain true to the promises made to her veterans. We understand that veterans' programs are not above review, but always remember that the Nation must be there for the country's veterans who answered the Nation's call.

Veterans seldom vote in a block, despite their numbers. This is one reason AUSA seeks this forum to speak for its members about veterans' issues. Our veterans have lived up to their part of the bargain; the Congress must live up to the government's part.

Those who have volunteered to serve their country in uniform deserve educational benefits that support their transition to civilian life. AUSA applauds Congress for enacting the Post-9/11 Veterans Educational Assistance Act of 2008. This landmark legislation will help educate a new generation of veterans by allowing them to enroll as a full-time students and to focus solely on education—as it funds tuition at an amount equal to the highest in-state tuition rate charged by a public college in a state, as well as providing stipends for housing and for books and other educational costs.

In conjunction with the New GI Bill, AUSA urges the Congress to increase Survivors and Dependents Educational Assistance (DEA) a minimum of 20% to match the increases in Montgomery GI Bill benefits Congress passed in 2008 as well as

ensuring that the benefits in the DEA program be adjusted proportionally whenever Congress raises MGIB and New GI Bill benefits.

Also, AUSA believes that the monthly stipend issued under the Vocational Rehabilitation and Employment (VR&E) program should be increased to reflect the basic allowance for housing (BAH) payments under the New GI Bill. VRE helps equip disabled veterans to transition back into the work force.

AUSA strongly encourages Congress to raise education benefits for National Guard and Reserve servicemembers under Chapter 1606 of Title 10. For years, these benefits have only been adjusted for inflation. Currently, Reserve GI Bill benefits have fallen to less than 25 percent of the active duty benchmark giving them much less value as a recruiting and retention incentive. This also sends a signal to Reserve Component personnel that their service is undervalued. Further, a transfer of the Reserve MGIB-Select Reserve authority from Title 10 to Title 38 will permit proportional benefit adjustments in the future.

AUSA also believes it is time to revisit the need to dock volunteer force recruits $1200 of their first year's pay for the privilege of serving their country on active duty. Government college loan programs have no upfront payments; thus, it is difficult to accept any rationale for our Nation's defenders to give up a substantial portion of their first year's pay for MGIB eligibility.

That said, perhaps a better solution would be to consolidate and deconflict the MGIB and New GI Bill into one educational benefits program for active and reserve components. The coexistence of the MGIB alongside the New GI Bill is causing considerable confusion. Benefits available in the MGIB such as pilot training, licensure/certification tests and distance (online) course work are not available in the New GI Bill, while a tuition reimbursement indexing mechanism, housing benefits, and a book stipend are available in the New GI Bill but not the MGIB.

Members of the National Guard called to active duty under Title 32 in support of the current crisis do not receive veteran's status for their active duty military time. Those called to active duty under Title 10 do receive veteran's status. This inequity must be addressed. Your support in allowing Guard members to earn veterans' status on equal footing with their active duty and Reserve counterparts will send the message that National Guard personnel are part of the Total Force.

Veterans' medical facilities must remain expert in the specialties which most benefit our veterans. These specialties relate directly to the ravages of war and are without peer in the civilian community. Demand for VA health care still outpaces the capacity to deliver care in a timely manner. That said, a way must be found to build on the inclusion of more Category 7 and 8 veterans this year, so that ultimately all Category 7 and 8 veterans can receive care from the VA. AUSA believes that full funding should occur through modifications to the current budget and appropriations process that would authorize a two-year advance appropriation for the VA health care system, by using a mandatory funding mechanism or by some other changes in the process that achieve the desired goal.

AUSA applauds the unprecedented and historic legislation which authorized the unconditional concurrent receipt of retired pay and veterans' disability compensation for retirees with disabilities of at least 50 percent and the legislation that removed disabled retirees who are rated as 100 percent from the 10-year phase-in period. However, we cannot forget about the thousands of disabled retirees left out by this legislative compromise. The principle behind eliminating the disability offset for those with disabilities over 50 percent is just as valid for those 49 percent and below. AUSA urges that the thousands of disabled veterans left out of previous legislation be given equal treatment and that the disability offset be eliminated completely.

Another critical area needs to be addressed. For chapter 61 (disability) retirees who have more than 20 years of service, the government recognizes that part of that retired pay is earned by service, and part of it is extra compensation for the service-incurred disability. The added amount for disability is still subject to offset by any VA disability compensation, but the service-earned portion (at 2.5 percent of pay times years of service) is protected against such offset.

AUSA believes that a member who is forced to retire short of 20 years of service because of a combat disability must be "vested" in the service-earned share of retired pay at the same 2.5 percent per year of service rate as members with 20+ years of service. This would avoid the "all or nothing" inequity of the current 20-year threshold, while recognizing that retired pay for those with few years of service is almost all for disability rather than for service and therefore still subject to the VA offset.

Fortunately, legislation provided in previous defense bills extends Combat Related Special Compensation (CRSC) to retirees with less than 20 years of service with combat or operations-related disabilities. Unfortunately, retirees with non-combat

disabilities forced to retire short of 20 years of service still have to fund their VA compensation dollar-for-dollar from their disability retirement from DOD.

AUSA supports legislation that establishes a presumption of service connection for veterans with Hepatitis C (HCV).

The rules for interment in Arlington National Cemetery (ANC) have never been codified in public law. Twice the House has passed legislation to codify rules for burial in Arlington National Cemetery. However, the legislation has not passed in the Senate. AUSA supports a negotiated settlement of differences between the House and Senate concerning codification of rules for burial in Arlington National Cemetery. Further "gray area" reservists eligible for military retirement should be included among those eligible for interment at Arlington National Cemetery.

AUSA remains opposed to the imposition of an annual deductible on veterans already enrolled in VA health care and any increase in the co-payment charged to many veterans for prescription drugs. AUSA urges Congress to continue to oppose such fees.

AUSA supports continuing congressional efforts to help homeless veterans find housing and other necessities, which would allow them to re-enter the workforce and become productive citizens.

Terminally ill veterans who hold National Service Life Insurance and U.S. Government Life Insurance should, upon application, be able to receive benefits before death, as can holders of Servicemembers Group Life Insurance and Veterans Group Life Insurance. AUSA supports legislation to amend the U.S. Code appropriately.

Much more needs to be done to ensure that returning combat veterans, as well as all other service men and women who complete their term of service or retire from service receive timely access to VA benefits and services. This issue encompasses developing and deploying an interoperable, bidirectional and standards-based electronic medical record; a "one-stop" separation physical supported by an electronic separation document (DD–214); benefits determination before discharge; sharing of information on occupational exposures from military operations and related initiatives. AUSA strongly recommends accelerated efforts to realize the goal of "seamless transition" plans and programs.

We encourage the positive steps toward mutual cooperation taken recently by the Department of Defense (DOD) and the VA. The closer we can come to a seamless flow of a servicemember's personnel and health files from service entry to burial, the more likely it will be that former servicemembers receive all the benefits to which they are entitled. AUSA supports closer DOD/VA collaboration and planning including billing, accounting, IT systems, patient records, but not total integration of facilities nor of VA/DOD healthcare systems.

AUSA strongly supports preservation of dual eligibility of uniformed service retirees for VA and DOD healthcare systems. We applaud Congress' opposition to "forced choice" in the past and encourage you to hold the line in the future.

AUSA recognizes that significant progress has been made in reducing the unacceptably high numbers of backlogged disability claims. The key to sustained improvement in claims processing rests on adequate funding to attract and retain a quality workforce supported by investment in information management and technology.

The Committee safeguards the treatment of America's veterans on behalf of the Nation. AUSA knows that you take this responsibility seriously and treat this privilege with the gratitude and respect it deserves. Although your tenure is temporary, the impact of your actions lasts as long as this country survives and affects directly the lives of a precious American resource—her veterans. As you make your decisions, please do not forget the commitment made to America's veterans when they accepted the challenges and answered the Nation's call to serve.

Thank you for the opportunity to submit testimony on behalf of the members of the Association of the United States Army, their families, and today's soldiers who are tomorrow's veterans.

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